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ABSTRACT

Presented is the first component, Program Organizatien, of a special day class educational program emphasizing rehabilitation, remedial instruction, and return to regular school programs for drug dependent minors. Included are statistics on drug use in California and the administrative code under which drug dependent mincrs are eligible for special education. Alternative drug programs (individual home instruction, special day class programs and on campus programs) are discussed. Briefly described are the evolution and objectives of Sunshine School, the special day class program. A visit to the school is described in narrative form. Examined are the referral, admission, and diagnostic procedures, the curriculum, the method for assigning credits, and the counseling services at the school. Policies relating to drug use, attendance, and major rule infractions are delineated. Also noted are the use of behavior modification, and the need for parental and community support. Stressed is the need for record keeping and orderly program exit procedures. Methods of program evaluation are described; and staff responsibilities, job descriptions, and desired personnel qualifications are listed. Also mentioned are inservice training, funding sources, and a budget model giving typical costs. Cffered are a case history of a student and a summary in chart form of student characteristics. (See EC 051 846 through EC 051 849 and EC 050 205 through EC 050 212 for related documents). (DB)

A GUIDE FOR THE MANAGEMENT OF SPECIAL EDUCATION PROGRAMS

NEWDAY OPERATIONS GUIDE FOR DRUG DEPENDENT MINOR PROGRAMS

Project Number 44-00000-0000-923
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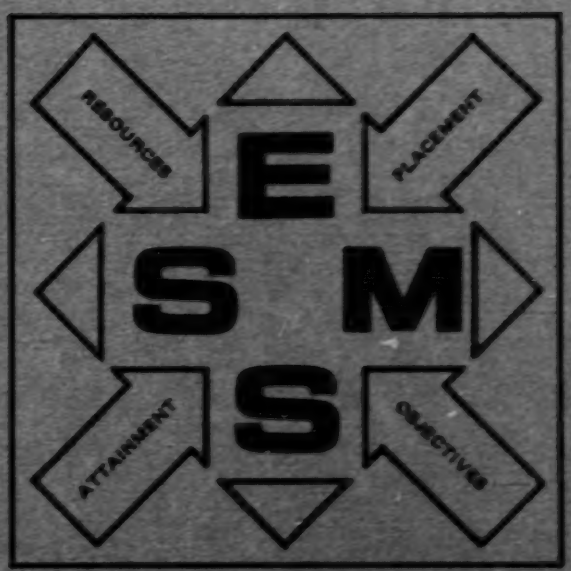

SPECIAL EDUCATION MANAGEMENT SYSTEM

1.0 PROGRAM ORGANIZATION

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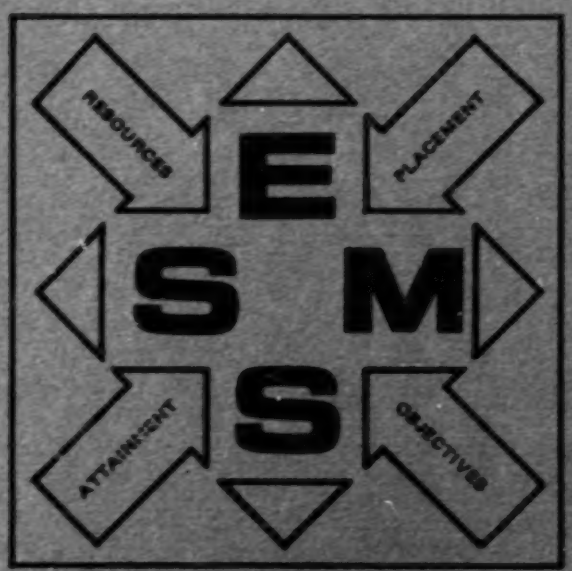

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COMPONENT 1.0

PROGRAM ORGANIZATION

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FOREWORD

The drug dependent minors program operated by the Santa Cruz County Office of Education is a cooperative effort between the County Board of Education and the County Board of Supervisors. The major goals of the program include rehabilitation, remedial instruction, and return to the regular school program. This project has received enthusiastic support throughout the state and is contributing to a better understanding in serving the needs of youth who have difficulty in adjusting to the complexities of the contemporary society. This guide is submitted with the hope that it will be of assistance to other agencies involved in supporting and operating programs dealing with the drug problem.

RICHARD R. FICKEL, Superintendent

Santa Cruz County Office of Education

PREFACE

The administrative procedures, instructional methods, counseling strategies and instructional and diagnostic instruments contained in this project report may be useful for other types of programs serving behaviorally exceptional children. In addition to the program for drug dependent minors, the Santa Cruz County Office of Education provides programs and services for the visually handicapped, orthopedically handicapped, profoundly retarded, trainable mentally retarded, hard of hearing, gifted, speech handicapped, delinquent and pre-delinquent, and handicapped adults, as well as diagnostic services for all ages and a county-wide hearing testing program.

At the time that the drug dependent minor project was being prepared, a companion Research Development Title VI-B project was also being written. This project, later funded with the drug project, was aimed at developing a management system for all of special education based upon (1) the behavioral characteristics of exceptional children, (2) the tasks, equipment, and supplies needed to provide for appropriate learner objectives, and (3) program and instructional goals and objectives which clearly describe what the program staff was proposing to do and how to determine when it was done. Tied to these goals and objectives was the concept of the cost of the delivery of services to all exceptional children, including drug dependent minors.

RICHARD D. STRUCK, Director
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Mr. Maurice Shaw, Principal, Coronado Continuation High School.

Mr. Paul Smyth, Coordinator, Santa Barbara County Schools, Drug Abuse Intervention Program.

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Dear Reader:

Since this component is quite lengthy and presents a general view of the project as a whole, it is recommended that Component 2.0 is a more appropriate place to begin for those who are particularly interested in the drug program. Components 2.0 - 5.0 present program-specific rather than project-specific material.

1.1 INTRODUCTION

The State of California recognizes that drug dependency is an exceptional behavior and that drug dependent minors require special education. For the purpose of providing this special education, drug dependent minors have been defined as "Physically Handicapped" under Education Code Sections 6802, 6804, 6874.5 and California Administrative Code Title 5, Section 3720. The intent of these laws and regulations is to provide for remedial instruction for drug dependent minors in a special day class setting, in a clinic, or in the minor's home. However, there are at present no state program goals and objectives.

Santa Cruz County, with its easy-going resort atmosphere, many communes, and easy access to beaches and mountains, appears to offer greater than ordinary opportunities for local and transient youth to experiment with and become dependent on drugs. Drug dependency among students was recognized as a problem by county officials in 1969, and ways were sought to solve this problem.

The Santa Cruz County Remedial Instructional Program for Drug Dependent Minors began in March, 1970 as a pilot project administered by the Santa Cruz County Office of Education in cooperation with the Santa Cruz County Board of Supervisors. The program goal was to locate and diagnose cases of drug dependency in minors and bring those minors into a special remedial program; to rehabilitate the minors from long-term drug abuse; to remedy learning deficiencies they acquired before and during that time; and to then return them to a regular secondary school where they can pursue successfully their education.

In 1970 a facility was equipped and staffed and pupils were enrolled. The feasibility of operating such a program was demonstrated when four of seven students received diplomas in June, 1970. The Santa Cruz County Office of Education then applied for and received a Federal EHA Title VI-B grant for

two years to partially fund the instructional program and to publish and distribute an Operations Guide. The function of this Guide is to provide guidelines for other agencies working to develop programs for drug dependent minors or other youngsters with behavioral problems.

The procedures and recommendations presented in this Guide are based largely on the experience of operating a successful program.

The Guide does not contain total step-by-step operating procedures, but does present necessary background information, general procedures, and detailed examples of the operation of a model program for drug dependent minors. Recommendations are included that may be improvements of the Santa Cruz County program. These recommendations are based on the successful and unsuccessful experiences of that program. The Guide also contains descriptions of instructional activities, educational simulations, diagnostic and information processing forms, and sample handouts of drug information for parents and students that can be used directly in other programs.

The procedures described here also may be useful for programs other than those established for drug dependent minors. Other suggested programs include continuation high schools, programs for the educationally handicapped, juvenile hall schools, and school programs on county ranches and in the Youth Authority, as well as comprehensive high schools and intermediate schools.

These procedures and guidelines do not all necessarily apply to other agencies and school districts. This component describes what took place in Santa Cruz and what might take place in a model program. Most procedures are based on operations in the Santa Cruz program, however, some are planned improvements based upon the experiences of that program which may be implemented in the future.

The Guide is packaged in five components. The Components are titled 1.0 PROGRAM ORGANIZATION, 2.0 EDUCATION AND COUNSELING, 3.0 EDUCATIONAL SIMULATIONS, 4.0 DRUG INFORMATION FOR EDUCATORS, PARENTS, AND STUDENTS, and 5.0 AN EVALUATION OF THE PROJECT AND PROGRAM. Each of these component is divided into sections. An outline of each component and a description of the content of each section is included in the introduction of each component.

This component describes the basis for drug dependent minor programs, presents alternative program models and goals, and describes the evolution of the Santa Cruz program. A narrative by writer John Luce on the Santa Cruz program is included. The administrative operation of a model program, the resources required, and the expected outcomes are also described. The contents of this component are:

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1.2 DRUG DEPENDENT MINOR PROGRAM BASIS

Since the mid-1960's, youngsters of school age have been abusing drugs to an alarming degree. Public and private agencies have reacted to this problem with a variety of preventive and treatment programs. Nevertheless, it appears that the number of drug dependent minors in our society is increasing. The preliminary release of the annual San Mateo County Drug Survey, made public on November 8, 1971, shows that drug use is again moving upward and that the trend towards leveling off which was apparent between 1969-70 has not held. (For example, the number of senior high school boys reported to have used marijuana 50 times or more in 1970 was 22% and was 32% in 1971. During the past year, 83.6% of the senior boys have tried alcohol, 21.1% have tried LSD, 27% have tried amphetamines, 18.6% have tried barbiturates, and 5.9% have tried heroin.) The San Mateo survey, of course, does not include an estimate of the Santa Cruz County drug problem or the state-wide problem; however, it is the only authoritative survey in the state reputed reliably to show trends. On the other hand, there is data indicating that juvenile drug arrests in Santa Cruz County are increasing. The California Department of Criminal Justice reports that in the year 1966-67, 34 juveniles were arrested in Santa Cruz County on drug charges. This figure increased to 328 during 1970-71. Therefore, it is safe to conclude that the drug problem is still here and is probably increasing in Santa Cruz and in the state.

State-sponsored education programs have traditionally focused on preventive education as a strategy to reduce drug use among students, but this strategy has not been successful in many cases. As a result, schools have had increasing problems due to drug abuse and maladaptive behavior among students. Drug treatment and rehabilitation has thus become a problem for education throughout the state.

The State Board of Education recognized this problem, and in the fall of 1969 passed a resolution which provided funds for instructional programs to serve the educational needs of youngsters unable

to attend regular or continuation schools because of drug dependency. The resolution originally established programs for the individual instruction of these drug dependent minors in their home or in a clinic setting. This resolution was amended in March, 1972 to provide funds for instructional programs for drug dependent minors in a special day-class setting. (See Page 1-8) The authority for this resolution is based on the California Education Code Sections 6802, 6804, and 6874.5 (See Page 1-10). Drug dependent minors are classified as physically handicapped students and it is therefore possible for county and district boards to operate instructional programs for drug dependent minors and receive state funds based on A.D.A. This source of funds is discussed in detail in Section 1.22 of this component.

TITLE 5
CALIFORNIA ADMINISTRATIVE CODE

Chapter 4

Article 11. Special Education for Drug Dependent Minors

3720. Eligibility, A drug dependent minor is eligible for special education when all of the following exist:

(a) He is between three and 18 years of age, has not graduated from the 12th grade, and has not been attending regular or continuation school programs.

(b) He is under the care of and has been identified by a licensed physician and surgeon as a drug dependent minor who, because of such drug dependency, is unable to attend regular or continuation school programs.

(c) There is on file in the district a statement by a licensed physician and surgeon and the county or district superintendent of schools, or a person designated by such superintendent, that the minor is both:

(1) Safe for being instructed by a home instructor of physically handicapped pupils.

(2) Capable of benefiting from individual instruction or special day class instruction designed to promote the educational and health progress of the minors.

NOTE: Specific authority cited for Article 11: Education Code Sections 6802, 6804, 6874.5.

History: 1. New Article 11 (3720 through 3725) filed 10-10-69; effective thirtieth day thereafter (Register 72 No. 8).

3721. Program and Place of Instruction. An eligible drug dependent minor may be enrolled in a program of individual instruction or special day-class instruction for the physically handicapped. Individual instruction may be provided in a hospital, clinic or home. Special day-class instruction may be provided in a hospital or clinic.

History: 1. Amendment filed 2-17-72; effective thirtieth day thereafter (Register 72. No. 8).

3722. Retention, Transfer, Discharge. Retention, transfer, or discharge of a drug dependent minor from a program of special education shall be made by the county or district superintendent of schools, or a person designated by the superintendent, upon the recommendation of a licensed physician and surgeon. Retention in the special education program beyond one school year may be made only upon the recommendation of a licensed physician and surgeon and the prior approval of the Superintendent of Public Instruction.

3723. Curriculum. The program of study shall conform as nearly as possible to that in which the minor was enrolled prior to his assignment to individual instruction. - The program may be supplemented by counseling, guidance, and other specialized instruction deemed beneficial to the student.

3724. Credential. A teacher who gives individual instruction to a drug dependent minor shall be a qualified home instructor of physically handicapped pupils.

3725. Apportionments. No school district shall be entitled to receive any apportionment funds on account of attendance in individual instruction for drug dependent minors unless the district has complied fully with the provisions of this article.

3726. Class Size. The appropriate size (enrollment) for the class of drug dependent minors is ten pupils. This number may be exceeded only on prior written approval of the State Board of Education.

History: 1. New section filed 2-17-72; effective thirtieth day thereafter (Register 72. No. 8)

CALIFORNIA EDUCATION CODE

Minors Considered Physically Handicapped

6802. Any minor who, by reason of a physical impairment, cannot receive the full benefit of ordinary education facilities, shall be considered a physically handicapped individual for the purposes of this chapte (commencing at Section 6801). Minors with speech disorders or defects shall be considered as being physicall handicapped. Minors with physical illnesses or physical conditions which make attendance in regular day clas ses impossible or inadvisable shall be considered as being physically handicapped. (Amended by Stats. 1967, Ch. 217.)

Prescription of Minimum Standards for Special Education; Effect of Failure to Comply

6804. The State Department of Education may prescribe minimum standards for the special education of physically handicapped minors. No apportionment of state funds shall be made by the Superintendent of Public Instruction to any school district on account of the instruction of physically handicapped minors unless the standards prescribed for the instruction are complied with.

Minimum Educational Standards

6874.5. Except as otherwise provided in Section 6874.6, the State Board of Education shall adopt, by rules and regulations, minimum educational standards which shall be met by any school, institution, or agency enrolling an exceptional child under the provisions of this chapter, or under Section 25601.1 or 25851.1. Such minimum standards shall relate solely to the educational program to be offered by the school, institution or agency.

.3 DRUG DEPENDENT MINORS

Article 11, Chapter 4 - Special Education for Drug Dependent Minors of Title 5 of the California Administrative Code establishes a new category of student requiring special education. The article states that to be eligible for a drug dependent minor program, a minor must be between three and 18 years of age, must not have graduated from 12th grade, and must not be attending regular or continuation schools. The minor also must be under the care of a licensed physician and surgeon and be identified by him as being drug dependent and unable to attend regular or continuation school because of such drug dependence. There must also be a statement on file in the district from a licensed physician and surgeon and by the County or District Superintendent or a person designated by him that the minor is safe for instruction and capable of benefiting from instruction designed to promote his educational and health progress.

The minors enrolled in the Santa Cruz County Program for Drug Dependent Minors at Sunshine School met these requirements. (Two students enrolled were over 18 years of age; however, A.D.A. was not claimed for these students. They did meet the other code requirements.) The characteristics of the drug dependent students enrolled in Sunshine varied with individuals, however, some similarities were evident. A summary of the student's characteristics is included in Section 1.22 - A Case History and Characteristics of Sunshine Students and a detailed description of student characteristics is included in Component 2.0 Education and Counseling. Based on the characteristics of the forty-seven pupils enrolled in Sunshine School, the expected characteristics of other drug dependent minors will include:

* A history of legal infractions including the sale of drugs, runaway, and stealing.

* An unstable home situation.

* A history of school failure, including behavioral problems, poor attendance, and frequent tardiness.

* Underdeveloped skills in reading and/or math.

* Poor self-concept and lack of motivation.

Except for these general characteristics which a drug dependent minor may exhibit, the students are otherwise unremarkable. A normal range of I.Q., psychomotor skills and psychological make-up is expected.

1.4 DRUG DEPENDENT MINOR PROGRAMS

This Guide describes the operation of a special day class program for drug dependent minors. The resolution quoted in Section 1.2, however, also provides for the individual instruction of a drug dependent minor in his home or in a hospital or clinic. A third alternative, although not provided for by the Title 5 resolution, is also possible. This would be a drop-in center located on or near the campus of a comprehensive high school. Students with drug problems would remain enrolled in school and visit the drop-in center for counseling and remedial instruction. These three types of programs are discussed in this section.

Special Day Class Program

This is the type of program operated by the Santa Cruz County Office of Education at Sunshine School. The program goal is to help students direct their lives away from drugs and toward a successful secondary school education, and/or vocational training and constructive involvement in the community.

Comprehensive high schools, junior high schools, or agencies such as the Probation Department or other drug treatment programs refer students to the special day class program. Referred students are screened and qualified students are admitted conditionally for a probationary evaluation period. An educational program is prescribed based on diagnostics, previous school records, and the program objectives. Individualized instruction and behavior modification with positive rewards are the primary instructional strategies used to attain the instructional goals. Drug independence is encouraged through relevant education with on-going counseling, providing an increase in self-concept through successful educational real-life experiences.

Teachers must be credentialed to teach the physically handicapped. Class size is limited to ten students per classroom teacher. Other staff members are Instructional Aides (one for each classroom teacher) and support staff, including a psychologist and school nurse.

The school facility should have at least 100 square feet of floor space per pupil. It should include two classrooms, a large meeting room where films may be presented, two bathrooms, kitchen facilities, and arts and crafts area if possible. Physical education playing fields or an indoor gym should also be available.

This type of program can be funded through Title 5 of the California Administrative Code. This source of funding is discussed in Section 1.20 - Funding Sources. By virtue of this resolution, $17,260 per class can be claimed.

Home Instruction

Article 11 of Title 5 of the California Administrative Code also establishes programs for drug dependent minors at a suitable teaching station located in a hospital clinic or home setting. A home instruction program for drug dependent minors is currently operated by San Francisco City Schools. The operation of home and hospital instructional programs is described in detail in a booklet written by Richard Outland and Beatrice Gore, Consultants in Education of Physically Handicapped Children for the Bureau for Physically Exceptional Children, California State Department of Education. This booklet is published by the State Department of Education (Reference 6). The Bureau also provides the services of consultants in the education of pupils receiving home or hospital instruction.

Students served by this type of program must be certified as drug dependent by a licensed physician and surgeon, and must be designated as safe for instruction and capable of benefiting from instruction by the District or County Superintendent and by a licensed physician and surgeon.

The booklet mentioned above includes the following as suggested goals for home instruction:

"The major educational goals for home instruction are identical to those for any group of children. Details will differ most in terms of program planning. Variations from the regular school program will be determined by the length of time the child will need to be at home and by the child's physical condition and prognosis.

Children who spend only a few weeks or a month on home instruction will generally benefit from a program focused on remedial work designed to help them keep pace with their classmates. For short-term pupils the major emphasis will be on preparing them to return to the regular school.

Children who never attend school need an educational program planned to meet their particular needs. Short-term goals should stimulate the desire for learning, enrich their daily living, provide social experiences, and develop a variety of interests and usable talents. Long-term goals should focus on adjustments to the disability by both the pupil and his parents and realistic preparation for a produciive life, whether this be in a convalescent home, a hospital for chronically ill, or as a member of his community."

For drug dependent minors it may be desirable to modify these goals to include counseling, improvement of the student's self-concept and remedial instruction.

The state pays an allowance of $1300 per A.D.A. to assist districts and offices of the county superintendents in paying the additional cost of providing home instruction. A full day's attendance is credited for one hour of individual instruction. A student may receive up to three hours of home instruction per day. However, a student may not be credited with more days of attendance than the number of legal school days during the school year.

The teachers of home instruction must hold a valid kindergarten-primary, elementary, or secondary credential or a standard teaching credential with a specialization in elementary teaching, secondary

teaching, or junior college teaching or a credential authorizing the teaching of exceptional children in an area of specialized preparation.

Operationally, parents are encouraged to participate in home instruction programs by preparing the child for instruction prior to the teacher's visit and arranging a working area for the teacher and child. Parents should also help the teacher by seeing that the child works on his assignments and by seeing that the child has enough rest to do so.

The regulations for individual instruction of drug dependent minors in a hospital or clinic setting are the same as those for home instruction. Specific guidelines that certify an institution as a clinic have not been established. Some drug treatment centers may qualify as clinics providing a physician is sufficiently involved. Agencies should check with the State Department of Education before attempting to operate an individual instructional program for drug dependent minors in a clinic setting.

In whatever setting an individual instructional program for drug dependent minors operates, home, hospital, or clinic, the success of the program depends to a large extent on the teacher. Teachers for individual instruction of drug dependent minors are more effective if they have taught at a variety of grade levels and in many subject fields. When teaching in a home setting, they must be familiar with family problems. When teaching in a hospital setting the teacher often attends meetings with the hospital staff about the students medical progress. The teacher must be responsive to the hospital schedule and the changing ability of the student to study and modify the instruction program accordingly.

It is helpful for teachers to be aware of drugs and the influence drugs have had on a student's ability to learn and of remedial instructional techniques and counseling methods. If possible,

some diagnostic techniques may be used to determine a student's characteristics and the instructional program planned around his individual abilities and needs.

Drop-In Center

This type of program is not funded by the California Administrative Code Title 5. This program serves students enrolled in regular high school or junior high school programs. Programs of this type are operated by the Atascadero Unified School District, the San Lorenzo Valley Unified School District and the Sacramento City Unified School District. The goals and activities of these programs vary widely.

In the San Lorenzo Valley program, a Youth Counselor was hired and supplied with a small house on the high school campus. Students drop in for counseling, remedial instruction, and emergency care. The programs operated in the Sacramento City Unified School District utilize counselors trained and supplied by the Aquarian Effort and a local drug treatment and drug educational program. Students visit the counselor on the campus to discuss their drug problems.

The goals for this type of program might be to:

* Provide drug crisis counseling to enable students to safely pass through emergency situations. These crisis situations include withdrawal symptoms, "bad trips" while under the influence of psychedelic drugs, extreme anxiety after the effects of a drug have passed and overdoses.

* Provide special counseling to improve the student's ability to cope with his immediate problems.

* Provide long term counseling to improve the student's emotional set and help direct his life away from drugs.

* Provide family and vocational counseling to improve the environmental setting in which the student lives.

* Provide cognitive, affective, and psychomotor instruction to improve the student's ability to be successful in school.

It is expected that the students served by drop-in center programs are not unlike those enrolled in Sunshine School during the last two years. The instructional and counseling methods described in Component 2.0 and the educational simulations in Component in 3.0 of this Guide may be useful in helping attain the goals for drop-in centers described above.

Operationally, students need a pass to receive counseling or instruction at the center. The student may go to the office to receive a pass or, during an emergency situation, go directly to the drop-in center and receive a pass at the center. Some students drop in during emergencies, others will visit the program periodically when they or their teachers feel they need counseling, or visit the program on a regular basis for counseling and/or special instruction. Some students attend classes in the center one or two periods a day.

Materials for these programs should include arts and crafts materials, a record player, educational and entertainment games, and remedial instructional materials.

1.5 THE EVOLUTION AND OBJECTIVES OF SUNSHINE SCHOOL

Santa Cruz County is a region of beaches, redwood forests, mountains and flat agricultural areas. Tourism is a major industry of the area. The area has long been an attraction to young people as a place to go for fun and excitement. Juvenile problems are, therefore, not new to the area. During the mid-sixties, a group of LSD experimenters from the San Francisco Peninsula began frequenting the Soquel and Scotts Valley areas of the county and small drug oriented groups were formed. As the use of drugs expanded in the San Francisco area, the local groups expanded also. The Monterey Bay area received considerable publicity concerning a rock festival and the Northern California area from Big Sur to San Francisco became a center for drug use and associated drug behavior. People began to drift down from the San Francisco Bay area to seek the serene atmosphere of the Santa Cruz mountains and beaches. Communes were started in the area. A trend of hitchhiking down Highway 1 from San Francisco through Big Sur to Southern California began. Young people from San Jose and soldiers from Fort Ord were attracted to Santa Cruz because it was a hip place to be, and they began arriving on weekends to celebrate. Many times this celebration involved the use of drugs. With this pressure to participate and conform, and the ready availability of drugs, local students began experimenting with drugs.

In 1969, the Office of Education was contacted by a representative of a local service club who asked that a drug dependent minor program be initiated. At that time, the service club members and others were aware that there were a number of high school students who were having difficulty with drugs.

Under the direction of County Superintendent of Schools Dr. Richard R. Fickel, with the approval of the County Board of Education and with offers of space in the old county hospital for the school, along with $6500 from the Santa Cruz County Board of Supervisors, a program was initiated in Santa Cruz in

March of 1970. Mrs. Burnis Lyons was assigned to the program as head teacher and Mr. Jay Lang, a student at the University of California, Santa Cruz, was employed as teacher's aide. Between March and June of 1970, seven students were enrolled. Two were junior high school students; five were older. One had not been in a classroom in three years. These students were all drug dependent, were not in school, and together with their parents asked to be enrolled. The basic instructional strategy revolved around behavior modification utilizing positive rewards.

In four months, the program staff was able to demonstrate that the program was able to accomplish its major goal -- to provide a program to help drug dependent minors direct their lives away from drugs and towards a successful secondary school education, vocational training, and constructive involvement in the community.

In June of 1970, the two junior high school students received diplomas and were enrolled into a regular high school program. Two of the five high school students met the graduation requirements of their local high schools and were awarded diplomas.

In December of 1969, several months before the instructional program was started, a two year Title VI-B project application was prepared and submitted for the funding of a second teacher, an instructional aide, a project coordinator, and a project secretary. These additional personnel were added in September of 1970. Mrs. Burnis Lyons continued as head teacher-counselor and Mrs. Joan Thigpin became the second classroom teacher and Mr. Rick Grove was hired as the second instructional aide. Mr. Douglas Eidsmore was hired as Project Coordinator and Mrs. Linda DeLong as Project Secretary. The program continued during the 1970-71 school year and the student's parents and regular schools continued to be enthusiastic. In February a staff change occurred when Miss Lucia Respini became Project Secretary. A Title VI-B Audit also occurred in February. The audit team reacted positively toward the program and recommended

that additional instructional supplies and equipment be purchased, and that a third certificated position of head teacher-counselor be added. The continuation application was submitted after the successful audit which was approved by Title VI-B and the expanded program was funded for a second year.

In the fall of 1971, Mr. Jay Lang received his Internship Credential from the University of California at Santa Cruz and became the third certificated staff member. Burnis Lyons became the head teacher-counselor and two new instructional aides were added: Mr. Chuck Carnagey and Mrs. Laurie Hancock.

Also during the fall, the program was notified that it would have to vacate the facility the school had occupied in the old county hospital building in Santa Cruz. A new facility was leased in Aptos, ten miles south of Santa Cruz. This new facility was once a nursery school and was ideal for a drug dependent minor program. The setting is idyllic with spacious grounds and trees, two buildings for classrooms, an arts and crafts area, a kitchen, and outdoor space for physical education and for a garden. The move was not entirely beneficial, however, for many students now found the distance to school too long. This problem was met late in the year when funds were made available for transportation and students began riding the County Office of Education bus to school.

An application was submitted to Title VI-B to fund the program for a third year and to expand one element of the program -- the use of educational simulations as an instructional strategy, for trial in juvenile hall schools, county ranch schools, and California Youth Authority institutions. This application has been approved and funding is expected. The program will therefore continue for a third year.

The objectives of the program as included in the 1971-72 application are:

1. After spending 18 months in the program or less, students will exhibit an ability and willingness to return to regular secondary school or will have completed requirements for a diploma. Students returning to regular school will not be truant or tardy for one month. They will have earned credits in course work appropriate to their previous school program and future goals, educational and vocational, and they will have erased remedial deficiencies to the satisfaction of the teacher. Students equivalent program to earn required credits.

2. Students will be drug independent for at least one month before leaving the program. The student will be diagnosed by the staff as not being under the influence of an illicit drug while at school for at least one month, and the staff, parents, and student must agree that the student is no longer drug dependent.

.6 SUNSHINE SCHOOL NARRATIVE

This section is a narrative written by John Luce on Sunshine School. The 1970-71 audit team recommended that the Guide include a description of the school through the eyes of an outside observer and that this description emphasize the affective qualities of the school. John Luce was contacted and visited the program in May of 1972 to prepare this narrative.

Mr. Luce was born and raised in San Francisco, attended the Cate School and graduated from Stanford University with membership in Phi Beta Kappa in 1963. In 1966, Mr. Luce became associate editor of SAN FRANCISCO MAGAZINE and began contributing articles to LOOK, ESQUIRE, and other national publications. In 1968, he became public affairs director of the Haight Ashbury Free Medical Clinic in San Francisco, served as a consultant to the National Training Center in Drug Abuse Education and co-authored, with Dr. David E. Smith LOVE NEEDS CARE: A HISTORY OF SAN FRANCISCO'S HAIGHT-ASHBURY FREE MEDICAL CLINIC AND ITS PIONEER ROLE IN TREATING DRUG ABUSE PROBLEMS. Mr. Luce is now a third year medical student at the University of California in San Francisco and a consultant in drug abuse to its Department of Continuing Education in the Health Sciences.

Thanks for the Good Vibes

South of Santa Cruz the coast highway passes redwood groves and a mushroom packing plant before reaching the small community of Aptos, where several side roads run westward to the sea. One of them winds through a residential district until it comes to a driveway leading to a two-story white house with green trim around the windows and yellow roses growing over the panes. Behind the house are a close cropped lawn shaded by pines and laurels and a second, one-story building with a kitchen, shop area and work room. Behind this are a volleyball court and a vegetable garden. In all it is an idyllic place, perfect for raising a large family. But I wondered how it would serve as an educational setting in the Spring of 1972, when I spent a day at the Sunshine School.

The Sunshine staff was gathered that morning in the main building on the ground floor which houses offices and a reception room. Doug, my contact, and his secretary, Lucia, were working on a manual describing the school's activities and designing another instructional game. Burnis, the head teacher and counselor, was updating her records of several students and awaiting the arrival of a new addition to the school. With her were Sunshine's two teachers: Joan, who has taught at Juvenile Hall, and Jay, a bearded intern from the University of California at Santa Cruz. They left to prepare for classes after a few minutes, so I joined Chuck and Laurie, the two teaching aides, who were talking with students on the lawn.

Approximately a dozen young people were attending Sunshine when I visited there. Among them were Ed, a religious fellow whose neck stiffens when his thoughts become unruly; Lillian, a Chicano with challenging eyes who has been with the school almost since its inception; Betsy, another Sunshine veteran; Brad, a shy but talented guitarist; Steve, boyish and eager for attention; and Rick, who has lived in many states and looks like a modern Huck Finn. Through Rick I learned that most of the students come from fractured familie Most have also run afoul of the police and now must report to PO's, or probation officers. And all have used drugs, although drugs are not their real problem. In fact, like their counterparts at the Haight-Ashbury Clinic, these young people use chemicals primarily to prove themselves, to fill their emptiness, and to numb their pain.

Sunshine seems to provide another kind of medication. Before classes started Burnis told me that the school's objective has always been to help students return to their regular programs or earn secondary school diplomas at Sunshine, but added that for some of the young people a certificate may be less valuable than the ability to handle depression without drugs and to achieve a non-chemical sense of self-esteem. To accomplish this the staff tries to involve students in every possible school activity, counteracting their fears and negativism with positive reinforcement -- good vibrations, in the idiom. The teachers and aides serve as surrogate parents, supplying more appropriate role models than those to whom many of the young people are accustomed. And rather than segregating students by age or rank, they offer individualized

classes in which the students are encouraged to exper iment, test their limits and feel intellectually and emotionally alive.

The first of these classes was underway by nine o'clo ck, with Joan teaching English in two upstairs bedrooms of the main house which have been converted into stud y rooms. I expected her to lead some sort of discussio but instead she distributed workbooks with vocabulary and reading lessons in which the young people could mark their progress and then submit the results to he r for further evaluation. Although they faced no for- mal lecutres, examinations or other methods of mainta ing order, Joan's students were quiet and disciplined in the classroom. She explained that the workbooks a llow for sufficient structure and preclude the possi- bility of public embarrassment. Ed said that he foun d his education absorbing because it was designed with him--and not the teacher--in mind.

The scene was somewhat different in Jay's general sci ence session, which was conducted in the work room in the one-story building to the rear. Unlike Joan, Jay relied less on workbooks than on assigned topics and reports drawn from daily papers or reference books as the starting points for interation. He was only partially successful that morning, for the students h d failed to follow through on their assignments and lost interest when they had to share his attention wi h the class. Nevertheless, Rick provided several peak moments when he reported on the social and scientific value of moon rocks and read a newspaper account of the imminent extinction of a species of salamander in digenous to Santa Cruz.

Soon the salamanders gave way to physical education, l d by Jay on the volleyball court nearby. Everyone, including Burnis, participated in the game, and altho gh many of the students skipped gym class in their former schools, they all seemed to enjoy it now. Per aps this was because at Sunshine sports are played with a minimum of the fierce competitiveness found in other educational institutions. Occasionally someone spiked a shot in volleyball--Jay did, apparently stil frustrated from the previous session. But in general the young people went easy on one another and were es ecially protective of the new girl who had just arrived

Physical education was followed by two other classes. In the large room, Jay took mathematics, a difficult subject for those Sunshine students who have trouble concentrating and cannot admit their liabilities to one another or themselves. Because of this, Jay drilled the young people in decimals, fractions and percent and did not let them discount these topics as too repetitive or insignificant. Like Joan, Chuck and Laurie, he looked for ways to interest the students, knowing that some react badly to compliments and others require almost constant encouragement. He was particularly effective when he appealed to the young people on their own level, teaching addition by having them compute grocery budgets and probability by playing cards.

Meanwhile, Joan was having problems with her social science class. She had started a number of projects in previous months, such as having the students prepare a time line linking historical events; but none had kept the class' attention, and the work room was now covered with cards reading THE YEAR MARIJUANA WAS DISCOVERED and THE DAY JOHN F. KENNEDY WAS KILLED. So Joan chose the period to ask the young people for their thoughts on the future of social studies, hoping to find the fine line between rigidity and disorganization which would improve the class. Although some of the students responded with suggestions involving films from the Santa Cruz School Department, Betsy, who had feuded with her mother earlier that morning, insisted that Joan was on a "power trip" and would only pay lip service to their ideas. Betsy won over a few of the young people, yet Joan refused to become caught in the generation gap. Rather than arguing with Betsy, she merely repeated "I guess you don't want to help us decide."

The issue wasn't decided that morning because lunch intervened. The meal was cooked by students and consisted of home-baked bread, a casserole, and a salad with lettuce, carrots, and onions from the vegetable garden. Most of the young people ate on the lawn because the sun was out and they could smoke there when they were finished. I sat with them for a while, talking about what was happening in San Francisco. Then I joined Rick, Jay, and Burnis, who were interested in my impressions and anxious about how the neighbors would react to an upcoming visitors' day.

This anxiety was understandable, for many outsiders have a vision of the Sunshine students which stops at chemical addiction, sexual license and shoulder length hair. The young people have their own stereotypes, of course. They also seem to provoke their elders for several reasons: to gain attention, to maintain distance and thereby deny their dependence on adults, and to gain a sense of active mastery over the rejection they must have experienced passively earlier in their lives. Fortunately, some of them are developing less defensive ways of relating to adults with the aid of their teachers. Furthermore, as Burnis said, in recent months many of the neighbors have stepped forward and made their peace with the school.

Next came chores, including kitchen clean up, and arts and crafts. The students are urged to develop their own projects during the latter period, so the girls usually sew and make clothes in the work room while the boys fashion furniture and sand candles in the tool area. Today, however, they suspended their regular activities to help Joan prepare the sound track for an 8 millimeter movie about Sunshine to be shown at a conference of educators in Fresno that weekend. Brad, Steve, and Jay composed a guitar background for the film's first sequence, which showed young people being delivered by their parents or hitchhiking to school in the morning. Then Lillian and several others recorded their criticisms of social sciences and their enthusiasm for Discovery class.

Discovery, which followed the taping, is in many ways the heart of the Sunshine program. Often directed by the students, it is a group process session which can be devoted to any individual or common concern. Lillian was supposed to lead the class, but because she was unprepared and perhaps uncomfortable in my presence, Joan and Jay asked if they could cover several areas. First, Jay brought up the subject of school absences and produced a large sheet of paper on which were listed the young people's names. This was to be used to register past and future attendance, he said; the students were to mark squares indicating they were present instead of answering to daily rolls. The young people responded favorably to this, apparently realizing it was intended not to satisfy rules but for their own benefit. In fact, there was soon a scramble, led by Rick, to see who could fill in the most squares.

Next Jay started a discussion, presumably for my benefit, on why everyone was at Sunshine that day. He set a candid tone by saying that in teaching, jobs were scarce and that he believed in the approach taken by the school. Joan admitted that she often thought of staying home but feared that "the whole place might fall apart without me." Then the students followed, haltingly at first. "I'm here because I'm nineteen and I need a diploma." --- "I want to get a job after I graduate." --- "People will get into a better rap with you if you've finished high school." --- "My PO and my parents make me go; if I wasn't here there's lots of things I could be doing." --- "I've flunked out of everywhere but here I do better." --- "Maybe I can get into something besides drugs." --- "This is the first damned school I've liked going to."

Finally, Joan reminded the young people that feelings at Sunshine had been strained of late, in spite of certain moments to the contrary. As a possible answer to this, she said, Doug had prepared that morning a game involving slips of paper the size of business cards. Each student and staff member would get several dozen of these slips bearing symbols of his choice, and could give them to those persons who he believed had acted positively towards him in the school. Joan then distributed the slips, which were decorated with such drawings as a happy face, flowers, a smile, and a heart. Printed under each picture were the words: THANKS FOR THE GOOD VIBES.

The vibes weren't all good in the minutes which followed. In fact, Brad and some of the young people nervously horded their slips of paper, while others like Steve seemed determined to give all of theirs away. Yet everyone made an effort to express his emotions, and no one was ridiculed for appearing awkward or afraid. This was a real accomplishment, considering the fact that many of those present have never been able to tolerate closeness. The game eventually petered out, like many before it. But it brought Sunshine together, at least for the afternoon.

Tomorrow is anyone's guess, but I think the school will stay together. Sunshine's biggest problem is dealing with students when they are away from campus and exposed to other influences, and Burnis and the staff are

now studying the live-in therapeutic community concept employed elsewhere. Whether or not they take this course, they have set an example which is sure to be followed by others. They have not invented an antidote for drug abuse, for there are no antidotes. But they have combined sound teaching and innovative techniques for the benefit of drug abusers and in the process have created a new and exciting kind of school.

Part of this excitement stems from the fact that the Sunshine leaders fully appreciate the interrelationship between family dysfunction, emotional distress, drug abuse, and academic failure. They do not argue which factor comes first, but approach all four with the belief that school success can improve every area of a young person's behavior. Because of this, Sunshine is both an educational setting and a place to raise a large family. I wish the family well in the future. In the meantime, thanks for making me feel a part -- and for sharing your good vibes.

1.7 CASE FINDING AND ENTRY PROCEDURES

The purpose of case finding and entry procedures is to help insure that the Drug Dependent Minor Program serves as many of those students who can be helped by the program as possible. The need to develop case finding and entry procedures that were new to the Santa Cruz County Office of Education for the model drug dependent minor program at Sunshine School was apparent at the outset of the program and is summarized as follows:

* The need to develop referral methods within county elementary and secondary schools, drug treatment agencies, public and private hospitals, and among local physicians.
* The need to publicize the program within the community especially within the drug using population.
* The need to screen referred students; accepting those elegible minors who are most likely to benefit from the program and recommending other placement for those students not accepted.
* The need to admit the accepted minors as efficiently as possible into the program.

Activities developed to meet these needs and forms used in conjunction with these activities are in this section.

Case Finding

Seven students were enrolled in the pilot program that operated from March to June 1970. Referrals during this time were made to the head teacher (the only teacher) or to the Director of Special Education.

The program was expanded to include two teachers, two aides, and a project coordinator during the 1970-71 school year. This increase in personnel allowed for a corresponding increase in the enrollment

capacity to sixteen students. The initial enrollment at the start of the school year was seven and students were not being enrolled in the program as quickly as expected. Several parallel activities involving various staff members were initiated at that time to acquire students and increase the school enrollment to a near capacity level. These activities included the following:

* The Project Director presented the program before the County Schools Administrative Council. Members of the Council include the County Superintendent of Schools and each County District Superintendent. Permission was obtained at that time to distribute posters publicizing the school on the various high school campuses, and to distribute brochures[1] describing the program to high school and junior high school counselors.
* The head teacher visited local drug treatment organizations to describe the program and the service it provides. Sunshine School posters were displayed in some of these organizations.
* Radio stations were contacted and several free spots were obtained describing the school program. The Assistant Director of Special Education was interviewed on a local radio station.
* Staff members presented the program at various citizens organizations concerned with the drug problem.
* The head teacher visited counselors in the high schools and presented the program.
* The school nurse was assigned the responsibility of case finding. She presented the program to probation officers, and guidelines for classifying students as drug dependent were sent to local physicians.

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[1] This brochure included the program goals, a description of the admission process including the requirement that each student be classified as being drug dependent by a physician, a brief description of courses offered,and some comments that Sunshine School students made about the program.

These activities soon produced results and referra; to the program and the school enrollment slowly increased. Teachers and counselors in the egular school system became aware of the service provided by the school and began referring students with drug and behavioral problems; and once the Probation Officers also became aware of the progra and its service, they too referred youngsters with drug and school problems. These two groups; Sunselors and probation officers, became the most common source of referrals. Other referrals Surces included: self-referrals, referrals from drug treatment organizations and referrals from fri nds or others aware of a youngster's problems.

To make maximum use of the program's resources, the program enrollment should be consistently maintained at a near capacity level. To maintain c pacity enrollment and to thereby serve the maximum number of students, a referral system is ne ded.

Ideally, this system should be a County wide highly coordinated drug treatment referral system. Such a system would include all county drug treatme t programs and referral sources as elements. A client could enter the program via any of the ele ental programs or through a central referral agency. Diagnostics would be conducted at entry an the client referred to the program that could best serve him.[1]

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1 Such a system has been developed by Contemporary Problem Consultants of San Francisco. This system includes a quantifiable diagnostic interv iew.

This ideal system was not developed for Sunshine School. Steps were made in that direction. The staff member assigned case finding responsibilities provided the network linking each of the program elements. During the 1970-71 school year, this staff member was the school nurse. When the third certificated staff position of Head Teacher/Counselor was added in the fall or 1971, the Head Teacher/Counselor then assumed case-finding responsibilities. These responsibilities included:

* Maintaining liaison with school counselors. The counselors must be initially informed of the programs service and periodically contacted regarding the level of enrollment, length of wait to enter, program changes, the progress of pupils previously enrolled and so on. Much of this contact can be done by telephone. At times, however, the counselors may request that a staff member meet with students who are interested in the program and also discuss the program with other staff members in his school. At Sunshine School, several hours per week were devoted to contacting counselors and students in regular programs.

* Maintaining liaison with probation Officers. Probation Officers often seek educational placement for juveniles on probation. In Santa Cruz County the case-load of many Probation Officers was so high that they welcomed the help of staff members in placing those juveniles under their jurisdiction in the program. Like the school counselors, the Probation Officers must be kept aware of the program's enrollment, any changes in the program's goals, staff or operation, and the progress of students that they referred to the program.

* Maintaining liaison with other drug treatment programs. Other drug programs in Santa Cruz County referred many students to Sunshine School. These programs included the Drug Abuse Prevention Center, the Do It Now Foundation, the Koininia Community, and ISOT (In Search of Truth). These programs also need to know if there are openings in the program or any changes in the program operation.

The program also accepts self-referrals and referrals from the community. Inquiries concerning the program are referred to the Head Teacher/Counselor. She then arranges a visit at the prospective student's home or arranges an appointment for the prospective student and his parents or quardians to visit the school. This type of visit is discussed in the following section - Entry Procedures. The program's purpose and operation should also be explained to other district or county personnel. Inquiries about drug treatment can then be transferred to the drug dependent minor program.

Entry Procedures

The entry procedures described here include initial screening and program orientation methods and information keeping requirements. The initial screening and orientation process was developed because of a need to insure that students placed in the program be able to benefit by such placement and that they not adversely affect the on-going education of the other students. Forms to assist in information gathering and decision making during the entry process are presented. These forms include a sample Prospective Sunshine School Student Questionnaire, In-Screen Check List, Conditional Acceptance Contract, and Statement of Drug Dependency. They are at the end of this section starting on Page 1-38.

Entry procedures occur as follows: Initial contact is made with the student. The head teacher reviews his gross characteristics to see if he qualifies for the program. Students who qualify must:

* Be 18 years old or under
* Live within the county or school district
* Have a background of drug use
* Not be attending school or expect to discontinue attendance shortly

If the prospective student meets these qualifications, the head teacher/counselor of the drug dependent minor program arranges a meeting with the prospective student and his parents, preferably at their home. During this meeting the student is given a special Questionnaire and the parents are given an

enrollment application. The Questionnaire developed at Sunshine School is designed to solicit the student's attitudes about his drug use, school, family, friends, and what he hopes to accomplish by attending the special education program for drug dependent minors. A sample Questionnaire is on Page 38. It is made clear to the student that his responses to this Questionnaire will be kept confidential and in no way be used as evidence against him. These two forms may be completed during the meeting or may be returned to the head teacher-counselor later. The purpose of this meeting is to insure that the prospective student and his family understand the screening process, the program goals and operation, and are aware of their responsibilities. The following points are emphasized during this meeting:

* Family support is required for the prospective student to attend the program.

* The program is not an alternative school but a remedial special day class program and the student is expected to return to regular school as soon as he is ready.

* To qualify for the program, the student must have a physician sign a statement certifying his drug dependency. It is explained that being drug dependent does not mean physical addiction to a drug.

* The school program is discussed, including the curriculum, teaching methods, the staff and school policies.

If the prospective student is still interested in attending the program and if his parents support his decision, an Admission, Review and Discharge Committee meeting is scheduled at the school or at the Manresa Diagnostic and Counseling Center. Both the parents and prospective student must attend this meeting. The purpose of this meeting is for the ARD Committee and the program staff to interview the prospective student and his parents and to then recommend whether or not he should be placed in the program. Members of the ARD Committee include the program teaching staff, and school psychologist, and the school nurse. The ARD Committee members expand upon the information already solicited with the questionnaire and during the initial meeting with the head teacher. They may, for example, ask

for a clarification of previously given responses to the questionnaire. They may also postpone their decision if they feel thay have inadequate data. They may want to contact the prospective student's probation officer, if he has one or previous school counselor.

There are behaviors or situations that indicate failure in a drug dependent minor program. These indicators of failure are listed in the In-Screen Check List on Page 1-40. If it becomes evident to the Screening Committee that a prospective student displays one of these characteristics, they search for strengths that may counter this weakness. For example, a student may have a high record of absenteeism at his previous school. The committee would then investigate the reasons for these absences and try to determine if situations can be changed to help the student improve his attendance.

If, however, a prospective student's characteristics indicate failure and if it is apparent that the prospective student and staff cannot overcome these weaknesses while he is attending the program, they would recommend that he not be placed in the school program. The committee may then recommend that the student and his parents investigate other programs for assistance in solving their problems. For example, if it is found that a prospective student is addicted to barbiturates, the committee may recommend that he seek help in a local "live-in" drug treatment program.

Upon agreement by the Committee that the student's placement in the program is appropriate, the student and his parents are asked to sign the Conditional Acceptance Contract. This contract establishes a probationary period during which time the student and his parents must live up to the terms of the contract in order for him to maintain enrollment in the program. This probationary period is established by virtue of Education Code Sections 6802, 6804, 6911, and 6874.5. If the drug dependent student fails at any time to meet the contract terms he is considered misplaced in the program and can be dismissed.

A sample Conditional Acceptance Contract follows on Pages 1-41 and 1-42. The parents, student, and head teacher complete and sign the contract. The Screening Committee sets the length of time that the contract is effective. From six to twelve weeks appears to be appropriate, depending on the background of the prospective student. The committee makes sure that the student understands why the contract is required and that he and his parents understand each point of the contract.

The use of Conditional Acceptance Contracts of this type by other programs is highly recommended. This contract helps the student know what is expected of him when he enters the program and defines the responsibilities of the parents. It also facilitates removal of a student from the program whose placement proves to be inappropriate. It may be modified where necessary to meet the needs of other programs.

The parents also receive a Statement of Drug Dependency form to be signed by a physician certifying the student's drug dependency. This signature must be obtained before a student can be enrolled in the program. An example of such a statement is shown on Page 1-43. The physician is also given guidelines to be consulted in determining whether or not the student is drug dependent. These are shown on Page 1-44. These guidelines were approved for the Santa Cruz County Pilot Program by Dr. Tony Guidon, former Medical Consultant to the State Department of Education. These guidelines have not been approved by the State Board of Education and therefore are not applicable to other programs. Other programs may contact the State Department of Education for help in establishing their own guidelines.

Upon completion of the entry procedures, the head teacher may write or call the student's previous school to obtain his cumulative folder. The cumulative folder, the physician's letter certifying drug dependency, the Conditional Acceptance Contract, and the Screening Committee's recommendation are sent to the Admissions, Review, and Discharge Committee of the County or District Office. This committee makes the final decision concerning placement of a prospective student in the drug dependent minor program.

COUNTY OFFICE OF EDUCATION
RICHARD R. FICKEL, SUPERINTENDENT
SANTA CRUZ, CALIFORNIA

(CONFIDENTIAL) PROGRAMS FOR EXCEPTIONAL CHILDREN AND ADULTS AND PUPIL PERSONNEL SERVICES (CONFIDENTIAL)

Prospective Sunshine School Student Questionnaire

NAME _____ AGE _____ GRADE _____ DATE LEFT SCHOOL _____

ADDRESS _____ ZIP _____ PHONE _____

PARENT OR GUARDIAN _____

ADDRESS _____ ZIP _____ PHONE _____

LAST SCHOOL ATTENDED _____ CITY _____ STATE _____

Please answer the following questions. Your answers will be used to help place you in a Santa Cruz County Office of Education program. Your answers will be kept confidential and in no way can your answers constitute legal evidence against you.

1. a. Are you having problems with drugs? Yes _____ No _____

   b. Have you ever had problems with drugs? Yes _____ No _____

2. a. Do you think you are drug dependent? (Using drugs to the point where they interfere with successful living) Yes _____ No _____

   b. Do you think you ever were drug dependent? Yes _____ No _____

3. a. Were you doing well in the last school you attended? Yes _____ No _____

   b. How do you feel about school? _____

   _____

4. Would you like to be more successful in school? Yes _____ No _____

Pupil Questionnaire

5. Do you want to earn a high school diploma? Yes _____ No _____ Not Certain_____
6. Do you want to go to college? Yes _____ No _____ Not Certain_____
7. Do you want to work part time while in school? Yes _____ No _____
8. Are you satisfied with your family situation? Yes _____ No _____
9. Is it possible that your family situation could be improved? Yes _____ No _____
10. Do your friends use drugs? Yes _____ No _____
11. Do you have friends who do not use drugs? Yes _____ No _____
12. Have you ever been arrested? Yes _____ No _____
13. If yes, what for? _____
14. a. Are you on probation? Yes _____ No _____
    b. Name of Probation Officer _____
15. Why do you want to go to Sunshine School? _____
16. What are you willing to do about your drug problems? _____
17. Is a note from your medical doctor classifying you as drug dependent attached to this questionnaire? Please be sure that it is.

No. P.R. 18 Date 6-14-72

COUNTY OFFICE OF EDUCATION
RICHARD R. FICKEL, SUPERINTENDENT
SANTA CRUZ, CALIFORNIA

PROGRAMS FOR EXCEPTIONAL CHILDREN AND ADULTS
AND
PUPIL PERSONNEL SERVICES

In-Screen Check List

These behaviors or situations are indications that a student may fail if admitted to a program for drug dependent minors. These were developed at the close of the 1971-72 school year by comparing the characteristics of students who were unsuccessful in the program at Sunshine School.

ANY ONE CAN INDICATE FAILURE

---

1. DRUG ADDICTION	The prospective student is physically addicted to drugs such as barbiturates, opiates, or alcohol.
2. DOES NOT VOLUNTEER	The prospective student does not want to attend the drug dependent minor program but is coerced by his parents or probation officer or counselor into attending. He may refuse to sign the Conditional Acceptance Contract.
3. HISTORY OF VIOLENCE	The prospective student has a record of violence or aberrant behavior as evidenced by his police or school records.
4. MENTAL ILLNESS	The prospective student is considered high risk on the basis of recent psychological or psychiatric examination indicating a functional psychoses or neurosis.
5. VERY UNSUPPORTIVE AND UNRESTRICTIVE HOME AND SOCIAL SITUATION	The prospective student's parents have a negative attitude about the program. They provide little structure at home and require little discipline. The student's friends are drug users and are not oriented towards school success.
6. GRADE RETARDATION	The prospective student is so far behind in school that graduation is hardly possible.
7. CHRONIC ABSENTEEISM	The prospective student has a record of more than 30 days of absences during the previous school year.

No. P.R. 42 Date 6-14-72

COUNTY OFFICE OF EDUCATION
RICHARD R. FICKEL, SUPERINTENDENT
SANTA CRUZ, CALIFORNIA

PROGRAMS FOR EXCEPTIONAL CHILDREN AND ADULTS
AND
PUPIL PERSONNEL SERVICES

Sunshine School Conditional Acceptance Contract

Under the Education Code, Section 6802, 6804, 6811, and 6874.5, a student is eligible to attend Sunshine School providing he is able to benefit from individual instruction to promote his education and health progress. In order to determine a student's ability to benefit, a probationary evaluation period may be established. If at the end of the probationary period it is apparent that the student will not benefit from the program, he may be dropped.

In order to continue attending Sunshine School, _____, as well as the head teacher, and Mr. and/or Mrs. _____ agree that for a period of six weeks, starting _____ and ending on _____, the student will fulfill the requirements below to the satisfaction of the head teacher. It is understood that, at the end of the period, _____'s performance will be reviewed by the staff and the ARD Committee. If the student's placement in the program is found to be inappropriate, he/she will be dropped from the program.

1. _____ will not hitch hike to school and will use school transportation, or own vehicle.
2. _____ is to arrive at school at 9:00 a.m., is to stay at school until 2:30 p.m., and is to take breaks and lunch only during the approved times;

   Break from _____ to _____. Lunch from _____ to _____.
3. _____ is to attend school every school day. Absences must be authorized before 9:30 a.m. by the parent or guardian and the head teacher.
4. _____ is to participate in required school activities, and will contribute to group discussions and projects.

Conditional Acceptance Contract

5. _____ is to work on and complete required assignments to the satisfaction of the staff.

6. _____ is to behave appropriately while at school. (e.g. show consideration and concern for other students; observe school rules.)

7. _____ will not smoke while on Sunshine School premises, except in approved place and at approved times.

8. _____ is to be "straight" as evidenced by his alert appearance and ability to attend to assign tasks. (Will not be under the influence of a drug at school or have a "hangover" as a result of drug use.)

9. _____ is not to take drugs to school.

10. _____ and Mr. and/or Mrs. _____ agree that he/she will come directly to school in the morning and return straight home or to an agreed upon appropriate destination after school.

11. Mr. and/or Mrs. _____ will attend all parents meetings. If attendance is impossible, they will contact the head teacher to arrange an alternative meeting.

_____ _____
Student's signature Date

_____ _____
Parent or Guardian Date

_____ _____
Head Teacher, Sunshine School Date

No. P.R. 23 Date 6-14-72

COUNTY OFFICE OF EDUCATION
RICHARD R. FICKEL, SUPERINTENDENT
SANTA CRUZ, CALIFORNIA

PROGRAMS FOR EXCEPTIONAL CHILDREN AND ADULTS
AND
PUPIL PERSONNEL SERVICES

Sunshine School Statement of Drug Dependency

Date _____

Subject _____

Dear Sir:

The above mentioned youngster is a drug dependent minor and because of such drug dependency, is unable to attend regular school programs.

This youngster is capable of benefiting from individual instruction to promote his educational and health progress according to Education Code Sections 6802, 6804, and 6874.5.

I authorize his placement in the Santa Cruz County Program for Drug Dependent Minors.

Sincerely,

_____ M.D.

No. P.R. 22 Date 6-14-72

Guidelines for Classifying Students as Drug Dependent

Drug dependency must be evidenced by any one of the following behaviors:

(1) Minor was expelled from a regular school program because of drug related behavior, including possession of, sale of, or being under the influence of an illicit drug while at school. He must have exhibited an inability to cope with the school program, by his tardiness, absence or school record.

(2) Minor was arrested on a drug charge and prior to his arrest, he exhibited an inability to cope with the school program by his tardiness, absence or school record. His probation officer must agree to placement.

(3) Minor volunteers to transfer to a special education program; he must have exhibited an inability to cope with the present school program by his tardiness, absence or school record. He must be suspected by counselors and parents as being drug dependent or he must admit to have used illicit drugs intravenously or used drugs at least once a day for a three week period within the last two months.

(4) Minor volunteers to attend a special education program and is not attending regular or continuation school. He must have exhibited an inability to cope with his previous school program by his tardiness, absence or school record. He must be suspected by parents and counselors as being drug dependent or must admit to have used illicit drugs intravenously or used illicit drugs once a day for a three week period within the last two months.

1.8 DIAGNOSTICS

The purpose of diagnostics is to obtain information about the characteristics of students so that instruction and counseling are directed to meet their individual needs. It also determines whether the student requires medical attention or family counseling that can not be provided by the school program but is available elsewhere.

For the Sunshine School students, diagnostics usually take place at the Manresa Diagnostic and Counseling Center. Manresa serves the diagnostics needs of all the Santa Cruz Office of Education programs as well as other county agencies including the school districts. The Diagnostic and Counseling Center, funded jointly by a number of agencies, is administered by the County Office of Education. The Manresa staff includes a social worker, a psychologist, an educational specialist, and a speech and hearing specialist. Physicians are available and a physician always participates in the diagnosis of drug dependent minors. A psychiatrist is also available and usually participates in the diagnosis of drug dependent minors.

Ideally, diagnostics would be conducted prior to entry. Recommendations about a student's ability to benefit from the program could then be made based on the diagnosis. This was not possible much of the time in the Santa Cruz program because the waiting list for diagnostics was too long. Students were most often merely screened and entered as described in Section 1.7.- Diagnostics were scheduled usually within a month or two after entry.

The diagnostic process at Manresa operates as follows:

* The head teacher/counselor informs the Diagnostic and Counseling Center that a student needs to be diagnosed.

* The center schedules the student for diagnosis.

* The social worker visits the student and his parents in their home to gather information for an intake summary.

* The student and his parents visit the center for diagnosis. This occurs in the forenoon. The student and his parents are interviewed separately by the Manresa Center staff.

* The Center's staff and others who participated in the diagnosis, the head teacher/counselor from the drug dependent minor program, and a counselor from the student's prior school, meet. The student and his parents do not attend this meeting.

* During the meeting the clinic staff members present the results of the interviews and test results and make recommendations concerning the student's educational and counseling program, and his family and vocational situation.

* These recommendations and diagnostic results are summarized in a letter and sent to the student's parents. A Center staff member is assigned to give a follow-up interview and to assist the student and his family in following any of the recommended activities.

* Detailed diagnostic results are sent to the drug dependent minor program.

* The program staff now has the information needed to modify the student's instructional and counseling program or if the student is just entering the program, information on which to base an instructional program.

The diagnostic process as conducted by the Manresa Diagnostic and Counseling Center is extensive and includes the following elements: An intake summary, a drug interview, a medical history and physical examination, a psychiatric evaluation, a psychological evaluation, an educational evaluation, and social summary. Each of these diagnostic elements are discussed on the following pages. Particular attention is paid to the drug interview since it is the most unique of these diagnostic elements.

Intake Summary

The information for the intake summary is derived from an interview with the student and his parents at the student's home. The intake summary should include the child's birthdate and age and a summary of his family, medical, psychological/psychiatric, and educational background. Family background includes a brief description of the student's parents and siblings, a description of conflicts between the family members and the parent's attitude toward the student's problems.

The description of the student's medical background may include eventful occurrences during pregnancy and birth, development, history of illnesses, treatment and medication, and the child's present health. The child's psychiatric and/or psychological background may include records of psychological testing, diagnosed functional disorders and any psychological counseling or psychiatric treatment. The educational background may include a record of recent educational testing, a summary of the schools attended and history in those schools. Significant incidents or learning characteristics are noted. The intake summary interview was usually done by the social worker on the Manresa staff although any Manresa or program staff member could do the interviewing. The intake summary is duplicated and reviewed by each Manresa staff member before the student is interviewed.

The Drug Interview

Drug use influences the way a student behaves and feels and affects his ability to learn and to solve problems. It is therefore important for staff members to be aware of the drug history and present drug use of their students. The drug interview is the primary method of determining a student's drug history. Methods of estimating a student's drug use patterns are discussed in Section 2.5.

The school staff may need to refer to the information obtained in the drug interview long after it was given. They may want to know if a student's present behavior is influenced by the long term effects of drugs he had taken previously or if the student is returning to an earlier pattern of drug use. The information obtained during the drug interview should therefore be easily accessible to the school staff. The interview form presented here and the guidelines for its use may provide such accessibility.

A sample Drug Interview Form is on Page 1-43. The first page of this form summarizes information about the student's drug use and his drug related attitudes. The second page summarizes the specifics of his past drug use; the chemicals he has used, the number of times he used various drugs, when he started using them, the dosage he commonly took, the rate of use, and the method of administration.

Experience at Sunshine School has shown that the behavior of the interviewer is extremely important in successfully obtaining useful information about a student's drug use. The staff member conducting the interview should be the teacher or counselor in the program who is most aware about drugs. Based on the Sunshine School experiences, it is recommended that:

* The interviewer emphasize that the student's drug history will be kept confidential and is only for the use of the program staff members.
* The interviewer be knowledgeable about drugs, drug use patterns, and drug jargon. (See Component 6.0)
* The interviewer assume a non-judgmental attitude about the student's drug use.
* The interviewer direct the interview away from colorful descriptions of good or bad "trips" or past drug taking sprees.

It was also found that students tend to be wary of telling a representative of the establishment about their drug use, and tend to exaggerate their past drug use and minimize their present use. They usually do not accurately recall how many times they took various drugs. These tendencies may be overcome if the interviewer is able to relieve the student's anxieties about revealing his drug background and having it recorded, and is skillful in probing for the truth about the student's background.

The location of the interview is important in establishing an open attitude on the student's part. The location should be isolated yet comfortable. Many of the interviews at Sunshine School were conducted outside the classroom. The interviewer may joke with the student to help him to relax or may ask him to talk about something other than drugs, his family for example. The interviewer may try to affirm some of the student's responses by rephrasing and repeating some questions, by asking for supportive information regarding a response, or by examining the logic of a response. For example, assume that a student tells the interviewer that he took psychedelic drugs over 50 times and that the interviewer suspects this response is exaggerated. The interviewer may then repeat the question later in the interview or he may rephrase the question by asking: "Now, how many times did you say you used LSD and mescaline?" Or the interviewer may ask the student to describe the size and color of the psychedelic drugs he used, or ask him about the circumstances in which the drugs were taken. Or the interviewer may discuss with the student the possibility of his taking a certain amount of drugs within a given time. For example, it may turn out that a student's responses add up to an impossible amount of drug consumption in a months time, i.e., the student would have had to have taken more than one drug at a time or be constantly under the influence of a drug for a year's time.

The interviewer should not be angry with the student when errors of this type are discovered. Most of the Sunshine School students had trouble remembering the drugs they took and some of them would guess haphazardly rather than take the time to respond reasonably.

Several alternative formats for presenting this information were tried. It was found that more detailed formats were too cumbersome and tended to restrict obtaining useful information. It was more effective to use a loose format that allowed for variances in the use patterns of the various drugs. The Drug Interview Form presented here allows for response flexibility but also helps insure that the required information is obtained.

The form can best be discussed by referring to the sample on Page 1-63. Where clarification of the form is required, it is done so by line number. The first line is self explanatory. On the second line, the response to the item "First Drug Used" should be the first drug used other than prescribed drugs, coffee and tobacco (and alcohol, if a small amount was used). The next three lines (3,4, and 5) do not require explanation. The next three questions (6.7, and 8) are to determine how the student feels about his drug use. Line 6 questions his motivation for using drugs; line 7 questions his feelings before he takes drugs, and line 8 questions his feelings while he is experiencing the effects of drugs. These three interrelated questions may reveal important information about a student's drug use. For example, a student who admits he is taking drugs to solve or escape from problems may have a much deeper drug problem than a student who is using drugs to celebrate. Likewise, a student who does not enjoy his drug use but nevertheless continues to use drugs may have a deeper problem than a student who is enjoying the drugs he is using.

The student's responses to the next three questions (9, 10, and 11) indicate how willing he has been and now is to reduce his drug use. The student's response to question 9 indicates his willingness in the past to reduce or at least change his drug use. Questions 10 and 11 involve a drug continuum. The interviewer explains that a continuum is a progression of characteristics or events and can be represented by a line or by numbers. The interviewer should draw a line and divide it into segments from one to seven. The interviewer then explains that a continuum is going to be used to evaluate the student's drug use. The interviewer tells the student that the segmented line represents drug use with the left end of the line representing drug addiction and the right end of the line representing no drug use at all. The student is then asked to estimate where he thinks his present drug use would be placed on this line (and point from 1 to 7). The interviewer enters a number representing the student's own evaluation as the response to question 10. The interviewer then asks the student to decide where he would like to be in terms of drug use using this same continuum. This placement is then entered numerically as the response to question 11.

This method of evaluating drug use and student willingness to decrease drug use developed from a Discovery Class activity. It was found to be a good way for the staff to determine the student's drug behavior without challenging his behavior. Many students would become defensive if they were directly asked to evaluate their drug use or were asked if they would eventually like to be drug free. Such direct questioning can quickly polarize the students and staff members. The use of this continuum was so successful in the Discovery Class, that it was placed on the Drug Interview Form.

The second page of the Drug Interview Form is for recording the specifics of a student's past drug use. In general, the similar responses are desirable for each type of drug, however, variances do occur. For example, the method of administration should be known for amphetamines, cocaine, barbiturates, and heroin, but is not very useful for psychedelics or cannabis.

In some cases a student will have taken a drug so often, estimating the number of times used is impossible. In such a case, the average rate per week or day is recorded instead. A sample completed form for a fictitous student is on Page 1-65.

Once the form is completed, it is reviewed by the staff. While reviewing the form, the staff attempts to find answers to the following questions:

1. Has the student taken drugs to an extent that he should see a physician?

2. Is the student physically addicted to a drug?

3. Is it possible that the student's past drug use is directly influencing his present behavior?

4. Does the information reveal that the student is just starting to explore drug taking or does it indicate that he has explored many possibilities of drug taking and may now be decreasing his drug use

5. Is it evident that the student desires to reduce his drug use?

6. Does the student have a drug or drugs he prefers? If so, is he using drugs now at such a rate to influence his behavior?

The Medical History and Physical Examination

All students admitted to a drug dependent minor program must be examined by a physician and be certified as being drug dependent. If a student is undergoing diagnostics prior to entering a drug dependent minor program the examining physician may certify the student as drug dependent. Whether the student is a candidate for the program or is already enrolled, the physical examination includes:

* An interview to determine the student's medical history and the medical history of the family. (This may be based on the medical history included in the intake summary.)

* A physical examination to determine the student's general state of health including investigation of the possibility that the student's health has been harmed by his past or present drug use or that it will be harmed by future use of drugs. Special attention is also paid to the possible effects any present illness may have on the student's ability to learn. The examination also includes a vision and dental check and a neurological examination. The physician writes a summary of the physical examination which includes his impression of the the health of the student and any recommendations he may have. This summary along with the summary of the drug interview and summaries of the other elements of the diagnostic process are combined to form the detailed diagnostic results that are sent to the drug dependent minor program.

Psychiatric Evaluation

A psychiatrist usually interviews the drug dependent minors diagnosed for Sunshine School. The psychiatrists notes any evident emotional disorders and may recommend therapy for cases of serious emotional disturbances.

Psychological Evaluation

All Sunshine School students are seen by the school psychologist. The psychologist's evaluation includes conducting an interview with the student and his parents to determine their feelings about the student's problems and his psychological adjustment, determining the psychometric history describing and analyzing the student's behavior during the evaluation, and the administration of tests, and an analysis of test results. This interview and testing information, the student's psychological history as described in the intake summary and as described by the student and his parents during the interview, and the psychologists conclusions and recommendations are included in the psychological evaluation summary.

The psychologist is free to administer those tests that he feels will reveal the most valuable information about the student. If a functional disorder is indicated by the interview or by a test, additional testing may be administered to further define such a disorder. The tests usually given include the Weschler Adult Intelligence Scale or the Weschler Intelligence Scale for Children, the Bender Gestalt and the Thematic Aperception Test. If further definition of the student's personality is desired, the Draw A Person may be administered.

The Psychologist analyzes the results of each of the tests administered. Such analyses are included in the sample PSYCHOLOGICAL EVALUATION that follows:

PSYCHOLOGICAL EVALUATION

February 25, 1971

BD: 5-30-55

Y was referred to Manresa Center by the County Office of Education in regards to placement in the Sunshine School program.

Intake summary noted a stepfather in the home; child has had previous experience with psychiatric intervention, both in residential placement and outpatient; the last outpatient situation was with her mother in regard to mother-daughter conflict. Parents report past three years the child's behavior has essentially been beyond parental control.

Psychometric History: None reported, however, client displayed familiarity and reported previous experience with the Weschler Scale.

This 15 year, nine month old female Caucasian was of normal physical development and presented no atypical characteristics.

Y attended well and was generally cooperative in the testing situation. She showed a great deal of concern over success and failure, was quite dependent, and her motivation varied due to the potential success that she could derive from the testing situation. At many of the verbal academically loaded items on the Weschler Scale she was very quick to report a "don't know" to many of the items; she did this with a laugh which apparently works as a successful defense for her to stress. During the Block Design performance test on the WISC she found great success and was able to do many of the tests quite rapidly. Towards the end, as the tasks became more difficult, she verbalized her nervousness and displayed a fine tremor in both hands. Her affect is one of a defensive happiness, in that she tends to deny involvement by denying seriousness and she also verbalized frequently self-depreciating statements.

Testing Results

Y was seen today in regards to estimating her intellectual and emotional functioning.

WISC: VIQ 85, PIQ 107, FIQ 95.
On the verbal tests the weakest area, between the first and fifth percentiles, was in Word Knowledge from Experience and Education. The three next stronger items all fell within the borderline to dull-normal range, with the strength, on the high average level, in Logic and Abstract Thinking Ability.

The performance testing was higher, A weakness is Visual Alertness and Visual Memory, on the low-average range, was noted with the strength in the bright normal range in Speed of Learning and Writing Symbols.

It was reported in the literature that significant scatter between verbal and performance is often a symptom of emotional stress and in this case, due to the high average score in logic and abstract thinking ability, I feel that although Y is presently functioning verbally in the borderline to dull-normal range, she has potential for normal functioning in this area.

Bender Gestalt, Pasqual and Suttell Scoring: Raw Score 30, Z Score 63. As Y drew each design on a separate sheet of paper and tended to expand all of her drawings, her scorable errors were essentially in the use of guidelines on two items,use of circles, and some other errors. As her Z score does indicate her functioning one standard deviation above the norm, and in light of her behavior on the testing situation, it is felt she does indicate a very low level of ego strength.

T.A.T. Y's stories were very brief and she began her stories with her usual laughing defense, but as she progressed through the stories she became more serious and more involved and also at this time began to display the more meaningful stories that centered around her feelings of herself and home. Her themes indicated the following major points: (1) No personal involvement in the consequences that may affect the future; (2) That a successful home life with a loving parent is a desired thing and that this leads to a successful adult life; (3) Mother is unable to help as she is unable to cope with her own problems.

Summary:

Y presently is functioning within the average range of intellectual ability with significant discrepancy between low verbal and high performance skills, with mild but significant indication of low ego strength. Her emotional problems appear to focus on the home with mother being the main concern.

Recommendations:

1. Sunshine School placement.
2. Y should be involved in therapy and it is felt that a rumored group therapy session made up of adolescents being handled by Mental Health might be a good beginning.

_____Psychologist

Educational Evaluation

The educational evaluation is prepared by the educational specialist assigned to the Manresa Center The educational specialist reviews the student's previous educational history, including his cumulative folder if it is available; interviews the student and his parents; administers educational tests, analyzes and reports the results of them; recommends areas of instruction to emphasize and methods to use and prepares a summary of the educational evaluation. Like the psychologist, the educational specialist chooses the tests to administer, although all Sunshine School students take the Wide Range Achievement Test. This test is administered when the student enters and leaves the program. It is administered by the school psychologist, one of the program teachers, or by the educational specialist as part of the educational evaluation. Other instruments often used include the IRI and IOWA Reading Tests, the Peabody Picture Vocabulary Test, and the Valett Inventory of Psychoeducational Abilities.

A sample Educational Evaluation follows:

MANRESA CENTER

EDUCATIONAL EVALUATION

January 26, 1972

BD: 6-20-57 CA: 14-7

Reason for Referral:

County Office of Education, Pupil Personnel Committee, regarding educational needs and psychiatric evaluation.

Educational History:

Presently attending Sunshine School.
Previously attended Branciforte Junior High School, Mission Hill Junior High School, Laurel School, Soquel Elementary School, Santa Cruz Gardens, Live Oak School, an elementary school in Porterville, briefly attended school in Oklahoma, grade 5. Total of 8 schools attended.

Academic progress - poor.
Social Adjustment - behavior problem.
Testing - May 1958, Peabody Picture Vocabulary Test, IQ 118;
Wide Range Achievement Test, grade placement 5.8,
Reading grade 5.7, Spelling grade 4.7, Arithmetic grade 4.5.

Parent Interview:

Z's natural mother states Z has experimented a little bit with marijuana but there is no drug problem. Mother stated since she has been physically disabled the last year or so, Z has asserted his independence and has been beyond parental control. In December mother had Z placed with his father. Z has a probation officer at the present time. During the month of December, Z had a bicycle accident and injured his already somewhat chronically injured back. He was hospitalized, and has been with his father since that time. Mother reports he has been doing very well. She says he likes Sunshine School. She believes this is the first time he has tried in school. She said as a very young child Z failed in school.

She feels that he then turned to doing negative things to get attention. He has been raised as an only child although she has a daughter who was out of the home when Z was born. Z's natural father and step-mother were interviewed as well. They report Z likes school. They said his recent school progress report was good. At home he behaves well, he acts responsibly. Father and step-mother intend to keep Z. His father believes Z's natural mother, grandmother and older step-sister nagged at him and they could not agree on how to manage him, that he has always lived under a great deal of stress.

Personal Appearance: Blond, tall boy with acne.

Demeanor: Worried, wanted to know what parents had said in their interview. Tried to be noncommittal about school. Yawned frequently.

REVIEW OF PSYCHO-EDUCATIONAL ABILITIES:

Tests administered: Wide Range Achievement Test, Spelling Subtest
Titmus Vision Test
Valett Inventory of Psycho-Educational Abilities

Sensory Motor Development:

- Does not coordinate or integrate body movement
- Performs small tasks using one side of his body only as though other side does not exist. Only when the task becomes extremely awkward, does he enlist the support of his opposing hand or arm.

Perceptual Motor Skills:

- Titmus Test indicates good depth perception.
- Visual coordination and pursuit is normal.
- Visual-motor memory strong.
- Auditory skills weak as they relate to sequencing. This would be related particularly to letter/sound association.

Conceptual Skills:

Wide Range Achievement Test: Spelling Grade 6.5

Language Development:

- Conversation erratic, ideationally.
- Inappropriate avoidance remarks frequently made.
- Difficult to determine whether thinking is integrated to any great extent.

Social Skills:

Appears anxious.

IMPRESSIONS:

. Emotional Problem - lifelong family st[illegible]ess.
. Learning problems - appears to lack in[illegible]egration in thinking.
. Early educational learning problems by history as well as lack of physical integration observed by this examiner.
. Auditory problems, particularly sequen[illegible]ing and letter/sound association.

RECOMMENDATIONS:

1. Educationally, auditory skills need s[illegible]rengthening as they relate to spelling and reading.

2. Visual skills should be employed in c[illegible]njunction with the auditory mode.

3. Continue Sunshine School placement, d[illegible]veloping critical thinking skills and value system.

_____Educational Specialist

Social Summary

The social worker on the Manresa Center staff interviews the student and his parents and prepares the social summary. The summary includes a description and analysis of the student's home and peer situation including family relations, sibling interaction, the family's comprehension of the student's drug use and other problems and his vocational involvement. A sample social summary is shown on the following pa[illegible]

MANRESA CENTER

SOCIAL SUMMARY

January 20, 1971

I interviewed the mother of X this morning. The family consists of an 18 year old son (will start Cabrillo College next semester, is getting married Jan. 25, 1971, and lives in the home), another brother, their 15 year old sister (attends high school and apparently is doing quite well), and there is the sibling's half-brother, a 2 year old, also in the home. They live in a rented residence in San Lorenzo Valley. The family came to Santa Cruz approximately a year ago from Rio Oso, which is a town near Sacramento; they lived in that area for five years and have been in Northern California for about the past 15 years.

The father who was reported to be an alcoholic, was killed in a car accident in 1965. The mother states that the children tend to idealize their father now that he is dead, however, when he was in the home he had very little to do with the children and would go to the bar after work and arrive home "when there wasn't another place to go." She states that there had been a family rule that the children were not to be up in the morning before he left for work.

The mother married again in 1967, however this marriage broke up in 1968 and, although she is still married to this man, there is no reconciliation planned. The mother felt that her second husband was extremely dependent and when he did leave, he "went back to mother".

When questioned about the sibling interaction in the family, the mother indicated that although there is a good deal of arguing and fighting in the family, when a crisis arises, the family sticks together and will defend one another. On close questioning about this family attitude, she indicated that X was the one member of the family that did not seem to become involved with the family and has fought most with his siblings. The mother indicated that X had done some very sneaky things to her other son, and X openly stated that he did not like his sister at all. I got the impression that the mother definitely does enjoy the one son, while she feels X has some serious emotional psychiatric problems.

The mother informed me that at the present time she is receiving psychiatric therapy from a psychiatric social worker through the Mental Health Department, and that X also was seeing this psychiatric social worker. She feels that she has gotten an insight into her problems and that X also feels he has gotten quite a bit from this therapy.

With regard to drugs, the mother admits ignorance, however, the thing that bothers her most about her son being on drugs is that he has depended on them. She apparently likes to think of herself as being very independent and very much able to pull herself up by her own "boot straps" without the assistance of someone else, or some other thing.

It is interesting to note that when I asked her what the best thing that could happen to the family might be, she stated that she would like to have enough money to be able to stay home and be a mother and homemaker because this is the kind of thing that she enjoys. She is presently employed at Dominican Hospital in the central supply department and indicated earlier that she enjoyed this rather responsible position.

Impressions and Recommendations:

I believe this mother is reasonably realistic and can be worked with.

I would recommend Sunshine School placement for X and continued therapy with the psychiatric social worker for both mother and son.

_____Welfare Representative

This diagnostic process produces a wealth of information that the program staff may use in modifying the student's educational program or in initially developing a program. The development of such programs for individual students is described in Component 2.0 in terms of the cognitive, affective, and psychomotor domains. The diagnostic process may also indicate that the student needs counseling or treatment not available in the drug dependent minor program and that recourses of other agencies are required.

COUNTY OFFICE OF EDUCATION
RICHARD R. FICKEL, SUPERINTENDENT
SANTA CRUZ, CALIFORNIA
PROGRAMS FOR EXCEPTIONAL CHILDREN AND ADULTS
AND
PUPIL PERSONNEL SERVICES

Drug Interview Form

1. Name _____ Age _____ Date _____

2. First Drug Used _____ Age _____ How he/she started taking drugs _____
   (Other than prescriptions, coffee, tobacco)

3. Drug Related Arrests _____

4. Drug Related Medical Attention _____

5. Present Drug Use _____

6. Why Does He/She Use Drugs? _____
   (Spree, escape, problem solving, etc., Does he/she enjoy such use?)

7. How does he/she feel before using drugs? _____
   (happy? unhappy?)

8. How does he/she feel while under the influence? _____
   _____
   (powerful, afraid, spiritual, giddy?)

9. What drugs has he/she stopped using? _____

10. Where would he/she place his present drug use on a continuum from one to seven? (Seven being drug free and one being drug addiction)
    _____

11. Where would he/she like to be in terms of drug use on this same continuum? _____

SEDATIVE HYPNOTIC

12. Alcohol (to point of being drunk; rate/month) _____

13. Barbiturates (rate/day; dose; *) _____

14. Tranquilizers _____

15. Cannabis (rate/day or week) _____

PSYCHEDELICS

16. LSD (rate/month;dose) _____

17. Mescaline (rate/month; dose) _____

18. Other (pscilocybin, MDA, PCP)_____

NARCOTICS

19. Opium (rate/week or month) _____

20. Heroin (cost/week; dose; *) _____

21. Analgesics _____

CNS STIMULANTS

22. Cocaine (rate/day; *) _____

23. Amphetamines (rate/day; *) _____

INHALANTS

24. Glue _____

25. Other (solvents, nitrous oxide) _____

(times used, when first used, *method of administration)

COUNTY OFFICE OF EDUCATION
RICHARD R. FICKEL, SUPERINTENDENT
SANTA CRUZ, CALIFORNIA

PROGRAMS FOR EXCEPTIONAL CHILDREN AND ADULTS
AND
PUPIL PERSONNEL SERVICES

Drug Interview Form

1. Name _____ Age 17 Date _____

2. First drug used Glue Age 13 How he/she started taking drugs She & older brother sniffed airplane glue.

3. Drug related arrests Was picked up for sleeping on beach - not charged was under influence of barbiturates & alcohol

4. Drug related medical attention None

5. Present drug use marijuana, alcohol, LSD a few times a year, takes other drugs when they are around

6. Why does he/she use drugs? to get high. Feels marijuana & LSD are beneficial (Spree, escape, problem solving, etc. Does he/she enjoy such use?) & uses them to help solve problem

7. How does he/she feel before using drugs? Sometimes happy such as at a party. (happy? unhappy?) Sometimes overwhelmed with problems

8. How does he/she feel while under the influence? Some bad experiences with psychedelics marijuana is a "downer" sometimes, but generally feels happy. (powerful, afraid, spiritual, giddy?)

9. What drugs has he/she stopped using? Rarely uses barbiturates & amphetamines

0. Where would he/she place his present drug use on a continuum from one to seven? (Seven being drug free and one being drug addiction) three

1. Where would he/she like to be in terms of drug use on this same continuum? Seven

SEDATIVE HYPNOTIC

12. Alcohol (to point of being drunk; rate/month) age 14 - drunk 20-40 times

13. Barbiturates (rate/day; dose;*) age 15 - shot barbs 5 times - addicted to reds at one time

14. Tranquilizers None

15. Cannabis (rate/day or week) age 14 — All the time — 4-5 times per week now

PSYCHEDELICS

16. LSD (rate/month;dose) age 15 10 — 15 times

17. Mescaline (rate/month;dose) probably acid - 10 times

18. Other (pscilocybin, MDA, PCP) smoked PCP once - didn't like

NARCOTICS

19. Opium (rate/week or month) None

20. Heroin (cost/week; dose; *) None

21. Analgesics Codeine once when she was 16

CNS STIMULANTS

22. Cocaine (rate/day;*) Sniffed "coke" several times when she was 16

23. Amphetamines (rate/day; *) "whites" at age 15 - 5 at a time used them over 50 times

INHALANTS

24. Glue a few times when she was 13

25. Other (solvents, nitrous oxide)

(times used, when first used, * method of administration)

.9 EDUCATION AND COUNSELING

Education and counseling are the most importan facets of a drug dependent minor program. The second component of this guide is therefore devoted en irely to education and counseling. This section of this component contains a brief description of he instructional program at Sunshine School and its evolution and a description of the role counsel ng plays in the Sunshine School program.

As required by California Administrative Code, itle 5, a student's instructional program while in a special day class or home instructional program for drug dependent minors must resemble as closely as possible his previous program in regular junior or senior high school. Instruction, therefore, needs to be highly individualized whether the drug depen ent minor program operates as a special day class or a home, or hospital instructional program. Ind vidualized instruction also proved to be an effective instructional strategy at Sunshine School. Whe interviewed about the program for evaluation purposes, almost all the students felt they were learning more at Sunshine School because their instructional program was designed to meet their needs and al owed them to work at their own pace.

For instruction to be of most benefit to indivi ual students, a course of study may be developed based on the student's needs as determined by diagnos s and his previous school program and by the objectives of the drug dependent minor program and the capa bilities of that program. The instructional capability of a program imposes limits on individualizing i nstruction. For example, some courses such as driver's training or modern dance may not be offered simp y because a program does not have the facilities or personnel to teach these courses. At its incep ion, instruction at Sunshine School was completely indi-vidualized with courses offered in the following:

Physical Education	Algebra
U.S. Government	Geometry
World History	Spanish
U.S. History	Anthropology
World Geography	Mathematics Improvement
Music Theory	Environmental Science
Shorthand	Art
Typing	English, Literature, Composition

With the doubling of the staff in the fall of 1970 and with more students it was found to be more effective to group courses under more general titles, individualizing within the following:

Social Science	Algebra	Stenography
English/Drama/Journalism	Geometry	Music
Mathematics Improvement	Environmental Science	Physical Education

This school year, 1971-72, the process has been further simplified, with work individualized under these main headings:

Social Science
English
General Science
Mathematics
Psychology (Group Process)
Arts and Crafts
Physical Education

(One teacher teaches Social Science and English; the other teaches General Science, Mathematics and Physical Education; both teach Psychology and Arts and Crafts. This year the position of Head Teacher-Counselor was added to the staff.)

The student receives credit for each class period completed satisfactorily. Fifteen periods are required for one unit of high school credit. Students must complete five units of high school credit during a semester to receive credit for any particular course. However, if the student enrolls late in the semester, his credits may be counted in the next semester's work.

The instructional program and instructional methods and materials are described in detail in the second component - Education and Counseling. Briefly, instruction is individualized for each student within these course headings through the use of instructional objectives. The student and staff meet to prepare his objectives for each course. The student then signs a contract specifying that he agrees that he is to attain these objectives. Instructional and classroom management strategies include behavior modification with positive rewards, the use of instructional and behavioral contracts, the use of individualized

instructional materials and media equipment such as tape recorders, cameras, video tape recorders and use of educational games and simulations. The cognitive, affective and psychomotor domains are interw into the instructional program so that activities within these domains are included in each course.

Counseling goals, techniques, and information on counseling the drug user are included in the second component. Briefly, counseling can be important in helping a student clarify and solve his problems a since drug dependence and school failure may be symptomatic of underlying problems, counseling can hel a student direct his life away from drugs and towards school success.

Counseling has always played a major role in the program for drug dependent minors at Sunshine School. The program now operates with three certified staff members -two classroom teachers and a head teacher/ counselor. The head teacher/counselor engages in student or parent counseling as needed or requested, coordinates health counseling, and recommends the use of counselors from outside the program. The hea teacher/counselor has a General Pupil Personnel Credential.

The classroom teachers also counsel students as part of the ongoing instructional program as needed or requested by the student. The program also uses the counseling services provided by the Manresa Center and the school psychologist. Several Sunshine School students also received counseling from the Departm of Mental Health and the Probation Department. Some students also received individual and group counse from counselors with the Do It Now Foundation, a private Santa Cruz drug treatment and counseling progr

.10 PROGRAM POLICIES

The policies described in this section were developed during the 1970-71 school year for the Santa Cruz program. Policies that are the most important or unique to drug dependent minor programs are described. These policies include drug policies, attendance policies, classroom behavior policies, dress restrictions, and a smoking policy. Alternative policies were tried, then modified or abandoned until the following policies were found to be successful. These policies can be divided into two categories: policies that pertain directly to student behavior and policies pertaining to program operation. These policies are described in the following paragraphs.

Student Policies

* Students are not to possess or transfer illicit drugs at school and are not to be under the influence of an illicit drug while at school.

A student may be disciplined for violating the above policy if a staff member suspects a violation has occurred. This policy and the fact that only suspicion is necessary for a student to be disciplined is made clear to the student when he enters. This policy has effectively controlled the drug behavior of students at school. Disciplinary action[1] usually includes placing the student on a strict special contract covering his behavior for one or two weeks after the suspected policy infraction. Students may also be isolated for part of the school day or sent home. Students who break any of the terms of the contract are dismissed from the program. (Disciplinary action for violations of the policies that follow are similar to those described here and are not repeated again.)

* Students are not to have a "hangover" due to drug use while at school as evidenced by lack of alertness, wide-awake appearance and concentration on assignments.

This policy attempts to insure that students are mentally alert and that their presence in the program is therefore potentially beneficial. To some extent it also helps control drug use outside the program.

[1] Reporting such an incident to a law enforcement agency is not required by law.

* Students are to attend school every day and are to arrive on time. If they are going to be absent or tardy, their parents must phone the head teacher prior to the start of the school day.

Developing good attendance and punctuality is important if a student is to be successful in regular school programs.

* Students are to participate in the school activities that are part of their instructional program.

* The smoking of tobacco is allowed only in a designated area and only during scheduled breaks. Students must be under the supervision of a staff member while in this area.

* Students are not allowed to eat food or drink soft drinks except during scheduled breaks and lunch period.

The above policies are discussed with the student prior to his entry. (See Section 1.7 - Case Finding and Entry) A dress code was not enforced at Sunshine School other than limits imposed by good taste. These limits were never exceeded by a student and a written policy was therefore never developed. A student who arrived at school in a revealing state of undress probably would have been sent home. The school also did not develop a policy about male hair length. In some cases a staff member would discuss the length of a student's hair if it was felt that it would influence his ability to get a job or improve his relations with his parents.

Operating Policies

* Friends of students are not allowed to visit during school hours.

* Students are to be supervised at all times.

* Discussions among students, about drugs or past drugs experiences are discouraged. Such discussions may tend to reinforce their desire to take drugs.

* Students are involved in the establishment of school policies and group decisions whenever possible. At Sunshine School the students developed a plan to reorganize the school day and from time to time students would lead the activities for a class.

It is the feeling of the Sunshine School staff that these policies have helped to create an organized learning environment which the students feel positive about.

1.11 BEHAVIOR MODIFICATION

An objective included in the initial application to ESEA Title VI-B for funds to operate a model drug dependent minor program was to demonstrate the relevance of behavior modification or operant conditioning as a basic instructional strategy and treatment methodology. The identification of this technique of instruction and classroom management was based on the successful experience with this technique in the County Office of Education's Juvenile Hall educational program and the pilot program for drug dependent minors at Sunshine School.

It was found that drug dependent minors were most responsive to tangible positive rewards. Specifically, behavior modification is a technique that has been used successfully with both normal and handicapped children and adults. Some populations where it has proven particularly successful are those of the mentally retarded, educationally handicapped, emotionally disturbed, and physically handicapped. Behavior modification techniques deal with the treatment of the observable symptomatic behavior rather than an underlying cause. It is a methodology or strategy which has been used to successfully decrease deviant or aberrant behavior as well as to increase positive behavior. Behavior modification or operant conditioning is based on the premise that people continue behaving in a manner that is viewed as either positive or negative because that behavior or behavior pattern is being reinforced or rewarded in some way.

Research and experience have established that students can be taught appropriate responses through conditioning procedures which reinforce or reward the positive behavior that is desired. The use of this technique and sample rewards are described in detail in Section 2.3 - Behavior Modification.

.12 PARENTAL RELATIONS

Research has shown that the single factor that drug dependent youngsters have in common is poor family relations. An unstable home situation nd poor relations between a student and his parents[1] are also indicators of school failure. Included in the drop-out symptoms developed by Cervantes (Reference 2), Gowan and Demos (eference 5) and in the summary of the Characteristics of Dropouts (Reference 3) is "poor family sit ation". This research has been borne out by experience in the Santa Cruz Drug Dependent Minor Program All of the students enrolled in Sunshine School were from broken homes or from homes that incl ded at least one parent with an alcohol problem. Providing a stable, warm, home environment, th refore, seems to be a necessary step in helping a drug dependent student reduce his drug use and be successful in school.

A student's home environment may be improved b improving relations among family members or by placing him in a better living situation. The staff of the school program and others associated with the school can help improve family relati ns; they can also, in cooperation with other agencies such as the Welfare and Probation Departments, place a student in a foster home or 24-hour drug treatment program.

In many cases removing a student from his pres nt home is not necessary or desirable. Working to improve the student's home situation thus beco es the only reasonable course of action. Improving a student's home situation primarily involves mproving his relationship with his parents. At Sunshine School several methods were employed help a student and his parents better their relations. These methods are described in the following paragraphs:

---

[1] "Parents" refers to natural parents, foster pa ents, and guardians.

1. All parents are screened prior to the student's entry into the program to determine their attitude towards the placement of their child in a drug dependent minor program and their willingness to support the program staff in working with their child. (Complete screening and entry procedures are discussed in Section 1.7 - Case Finding and Entry.) Students whose parents are opposed to placing their child in a school program for drug dependent minors are not admitted. An indication of the parent's willingness to support the staff is indicated by their willingness to be partners in a Conditional Acceptance Contract. (Such a contract is included in Section 1.7) Students whose parents refuse to sign the contract are not admitted. This contract requires that parents agree the child "will come directly to school in the morning and return straight home or to an agreed upon appropriate destination after school" and that they will "attend all parents meetings. If attendance is impossible, they will contact the head teacher/counselor to arrange an alternative meeting". Students may be discontinued if their parents fail to meet the terms of the contract.

2. Parents meetings are held once a month. All parents are required to attend these meetings. The meetings were successful at Sunshine School in that they helped the staff maintain the parent's interest in their child's involvement in the program. The meetings also helped the staff and parents improve their mutual knowledge of the child's needs. Parents were also able to share their problems and frustrations openly with other parents who may have similar problems and frustrations. These meetings were most successful when the staff planned an activity to help people get acquainted and provided a topic for initial discussion. On some occasions, the students would attend these meetings and participate in these activities. Usually though, only parents and staff members would attend. A sample activity follows:

* The parents and staff members form pairs and tell each other about a "movie" they would make about themselves. The themes for such a "movie" may be "what always happens to me" or "what my fantasy is", etc.

* Small groups are formed after each person has described his own movie and understands his partner's movie.

* Each person then describes his partner's "movie" to the group. After all the "movies" are presented, the groups discuss the "film festival". The highlights of each movie are discussed and themes are compared.

This type of warming up activity can help the parents and staff members feel a little closer to each other and freer to discuss their child's problems with a group of strangers. As the parents begin talking about their problems the staff members should be less and less vocal and only intercede in the conversation to clarify a point or to insure that everyone has a chance to talk. Staff members may also talk to parents on a one to one basis about specific problems.

The parents meetings at Sunshine School were most successful when this pattern of an initial structured activity followed by an unstructured discussion was followed. These meetings were very helpful in creating an enthusiastic parental attitude towards the program.

3. The head teacher/counselor regularly telephones or meets with parents to discuss the progress their child is making or any problems he is having. The head teacher/counselor may consult the parents about alternative disciplinary actions or may remind them that they should be giving more support to the program staff. At times the head teacher/counselor visits the parents in their home.

4. The classroom teachers also meet with the parents. Parent conferences are held at the end of each semester. The parents, student and teacher may then discuss the student's educational progress and classroom behavior.

5. The program may supply the parents with information about drugs. "Dope for Parents" - Section 4.3 is an example of such information.

6. The staff secures the resources of other programs and agencies to help families improve relations. These sources for family counseling include: The Manresa Center, The Health Department, and private family counseling organizations.

1.13 RELATIONSHIP TO THE COMMUNITY AND OTHER AGENCIES

The development of the drug dependent minor program at Sunshine School evolved from mutual planning with local and state agencies. Coordinating with these agencies and developing and maintaining good community relations were important to the operation of the program. Because coordination with other agencies was deemed important at the outset of the project, state and local agencies were involved in the initial program planning. Local agencies involved include: County Health Department, Community Mental Health Services, local law enforcement agencies, Probation Department, Social Welfare Department and the school districts of the County. State agencies involved include: State Department of Education, Bureau for Physically Handicapped, California Youth Authority, State Department of Mental Hygiene, and California State Drug Training Program.

Coordination with these agencies continued during the program operation. A drug dependent minor program needs the support of school counselors, both during the initial planning and as the program operates. At the outset of the Santa Cruz program, arrangements were made with the school districts to accept Sunshine School credits and, once the school program began, the head teacher/counselor continued to maintain contact with the districts. She often met with or telephoned counselors regarding a prospective student, the program, or status of a student now enrolled in Sunshine School from the counselor's high school or junior high, or the progress of students who had returned to high school or junior high.

This type of initial mutual planning and continued coordination may be necessary for other programs. Therefore, some examples of the efforts used by the Santa Cruz program to win the support of other agencies and coordinate efforts with those agencies are included in this section. Likewise, community support can help a program. For example, a well-publicized and accepted program will have much less difficulty in case-finding than a program that is little known in the community. Sample methods of gaining community support are included in this section. These methods of maintaining community and agency relations follow:

1. Publicize the program to help make the community aware of its planned or actual existence and purpose. Publicizing the Sunshine School program included: distributing brochures; placing posters in schools, store-front windows, "head shops", and "hip hangouts"; placing articles in the local newspapers; and broadcasting through free radio spots. The staff members also talked to local groups interested in the drug problem. (A description of community relations and agency coordination as they relate to case finding is included in Section 1.7.)

2. Have an Open House. Neighbors may be fearful that a drug dependent minor program is a "haven for drug addicts". An Open House would give the neighbors and others in the community a chance to meet the students and staff, which may help to alleviate their fears. Sunshine School was also used as a polling place. Many neighbors, therefore, visited the program for the first time when they came to vote.

3. Present the program to local service clubs and community organizations. When Sunshine School moved to its present site in a residential area, a use permit was needed to operate the program on the newly leased site. The program was presented to the local Improvement Association and received their support. When the use permit hearing was held by the County Board of Zoning Adjustments, a representative from the Improvement Association spoke on behalf of the program. The use permit was granted.

4. Coordinate efforts with other drug treatment and prevention programs through the County Drug Coordinator, which all California counties are required to have. In Santa Cruz the Coordinator appointed was Mr. Ron Lang, who had previously been a staff member of the County Administrator's office and, therefore, was effective in working with county personnel and procedures. Periodic meetingswere held through his office for all interested private and public agencies dealing with

the drug abuse problem. A Sunshine School staff member attended those meetings. At these meetings, problems of concern to the group in general were discussed and individual programs requested advice and assistance in solving particular problems.

5. Coordinate the program with school districts. In Santa Cruz, a Drug Education committee meeting was held periodically; representatives from the local school districts, from drug education programs, and from Sunshine School attended. Coordination may also include meetings with district superintendents, school principals, and counselors. The districts can support the program by referring prospective students, by helping plan a student's instructional program, and by recognizing credit students receive for courses completed in the program.

6. Coordinate the program with probation officers. A Sunshine School staff member met with all the probation officers at the beginning of the project. Contacts with probation officers continued throughout the school year. Probation officers often met with students and staff members at Sunshine School and also attended diagnostic sessions.

1.14 RECORD KEEPING

Records need to be kept for several reasons: to meet state law and local board policy, for purposes of evaluation (See Section 1.16), and to aid in recalling important decisions, activities and events. Detailed records were kept at Sunshine School for the above reasons and also to assist in preparing this Guide. The keeping of anecdotal records, and a student monitor checklist created especially for the program are discussed in this section. Record keeping for purposes of evaluation is discussed in Section 1.16. The program also kept necessary attendance and credit records.

Anecdotal record keeping is important for it allows staff members to refer back to important decisions that were made and the background of such decisions. For instance, the staff may have adopted a policy to solve a specific problem that now, considering changes that have occurred, is unwise. Anecdotal records are expecially useful for the instructional program. A teacher has access to methods that have been tried with various students and the results of these methods. A teacher can, by referring to anecdotal records, recall how a student's behavior has changed as he progressed in the program.

Several methods may be used to keep anecdotal records. Each staff member can record significant events daily using a dictaphone. The program secretary may then type and duplicate these records periodically and distribute them to the staff. Staff members could also jot down notes on cards about significant events and these could be organized later into complete records. At Sunshine School, anecdotal records were kept by taking detailed staff meeting notes. These meetings were held daily for the school staff and weekly for the complete program staff, including the school staff, the psychologist, school nurse, assistant Director of Special Education and the project coordinator. The minutes of these meetings were distributed weekly to all those involved in the

program operation. The minutes included a discussion of each student's progress, program policies that were established, decisions that were reached, and other important occurrences.

The monitoring checklist, mentioned in the introduction to this section, was developed to help the program staff organize the vast amount of data kept for each student, to make certain that the required data had been obtained, and to help sequence the obtaining of the data. This data includes the entry questionnaire and contract, the in-screen checklist, the drug dependency statement, the drug interview, the diagnostic results, and other data. The Student Monitor Checklist is on Page 83 .

The required forms or record keeping tasks are listed on the left. The staff member who obtains the required form or who completes the required task initials the form and writes the date in the appropriate columns. If any other action is required it is noted in the Action Column. The number at the right of some of the spaces in this column indicates the next task. For example, the number 17 in the action column indicates that the next task after number 11 - "file screening report" is number 17 - "schedule admission and discharge committee meeting".

SUNSHINE SCHOOL

STUDENT MONITOR CHECKLIST

_____

Student's Name

ENTRANCE

#	ITEM	DATE	ACTION *	INITIAL
1	INITIAL CONTACT AND REVIEW		/2	
2	STUDENT CONTACT REPORT			
3	STUDENT GIVEN QUESTIONNAIRE AND APPLICATION		/6	
4	QUESTIONNAIRE RECEIVED			
5	ENROLLMENT APPLICATION RECEIVED			
6	FAMILY/STUDENT INTERVIEW		/7	
7	SCHEDULE SCREENING MEETING		/8	
8	SCREENING MEETING HELD		/9	
9	COMPARE PUPIL TO IN-SCREEN		/10	
10	DISTRIBUTE 12, 13, 14		/11	
11	FILE SCREENING REPORT		/17	
12	DRUG DEPENDENCY STATEMENT RECD FROM M.D.			
13	RELEASE OF INFORMATION RECEIVED		/15	
14	SIGNED INITIAL ACCEPTANCE CONTRACT RECD.			
15	WRITE FOR CUM RECORDS			
16	CUM RECORDS RECD.			
17	ADMISSION AND DISCHARGE COMMITTEE MEETING SCHEDULED			
18	COMMITTEE RECOMMENDATION FILED			
19	PLACEMENT REFERRAL FORM RECEIVED			
20	STUDENT ENROLLED		/21	
21	ENTER ON ATTENDANCE RECORDS			
	- Register			
	- Carnegie Units			

*Indicates Next Task

STUDENT MONITOR CHECK LIST

	#	ITEM	DATE	ACTION	INITIAL
PERMISSION & MEDICAL	22	EMERGENCY MEDICAL AID FORM RECD.			
	23	HEALTH HISTORY RECEIVED			
	24	PHYSICIANS REPORT (IF ANY)			
	25	NURSES CONTACT REPORTS (IF ANY)			
	26	FIELD TRIP PERMISSION REPORTS			
DIAGNOSTICS	27	DRUG PROFILE COMPLETED			
	28	DIAGNOSTICS SCHEDULED		/30	
	29	DIAGNOSTICS CONDUCTED		/34	
	30	WRAT FILED			
	31	IOWA READING TEST FILED			
	32	PSYCHOLOGICAL REPORT FILED			
	33	DIAGNOSTICS SUMMARY FILED			
	34	L.C.P. (1) COMPLETE			
		L.C.P. (2) COMPLETE			
		L.C.P. (3) COMPLETE			

STUDENT MONITOR CHECK LIST

	#	ITEM	DATE	ACTION	INITIAL
INSTRUCTION	35	INSTRUCTIONAL OBJECTIVES WRITTEN		/39	
	36	EDUCATIONAL CONTRACT SIGNED		/40	
	37	BEHAVIOR MODIFICATION POINT SHEET FILED			
	38	OBJECTIVES ATTAINMENT SUCCESS FILED			
	39	SPECIAL BEHAVIORAL CONTRACTS FILED			
RECORDS	40	PUPIL PROGRESS REPORT			
	41	PARENT CONFERENCE REPORT			
	42	TRANSCRIPTS			
	431	RECOMMENDATIONS FOR WITHDRAWALS			
	44	POST PROGRAM PLACEMENT REPORT			
	45	5 YEAR EVALUATION FORM MAILED-YEAR 1			
		YEAR 2			
		YEAR 3			
		YEAR 4			
		YEAR 5			
	46	POST PROGRAM CONTACTS			
	47	DIPLOMA RECEIVED			
	48	POST HIGH SCHOOL HISTORY FILED			
	49	VOCATIONAL STATUS			

1.15 EXIT PROCEDURES

Students leave a drug dependent minor program in several ways. They may be dropped from the program; they may request or require placement in another program; they may intentionally drop the program; they may return to regular school; or they may graduate. Each of these exiting situations is discussed in the following:

* The staff may recommend to the ARD Committee that a student be dropped for failure to comply with the terms of his conditional acceptance contract. This contract, in effect, places the student on probation. Similar probationary evaluations are used in programs for orthopedically handicapped students. Students at Sunshine were dropped most often for failure to attend.

* A student may request a transfer to another school or circumstances may require that a student transfer to another school even though the staff feels the student can benefit by continued placement in the drug dependent minor program. For instance, two Sunshine School students were required to return to and be successful in regular school in order to be placed off probation. Other students left because they moved out of the County. In such a case, the staff or the ARD Committee may recommend that the student receive special counseling or remedial instruction in the new school.

* A student may drop out of a program on his own volition. The staff may counsel the student in an effort to change his mind or suggest that he attend night school or receive special counseling if he still has a drug problem. Only four Sunshine students voluntarily dropped out of the program: one sought employment and three others ran away.

* A student may be returned to regular high school or junior high school. Students who are returned to regular school programs should be motivated to return, be drug independent, be

living in a stable home and social situation, and should have erased learning deficiencies and completed course work to the satisfaction of their teachers. To assist staff members in predicting success of students returning to regular school programs, an Out-Screen Check List was developed. This check list includes four indicators of failure for students in regular high school programs. These indicators were developed by comparing the characteristics of students who returned to regular school and failed, and by researching the drop-out predictors developed by Cervantes (Reference 2), Gowan and Demos (Reference 5), and Schreiber (Reference 11)

* A student has completed requirements for a high school diploma. The head teacher-counselor then contacts the student's previous high school and they issue the diploma. Some Sunshine School students did not receive a diploma from a comprehensive high school, but instead received their diploma from a continuation school. In either case, graduation requirements of the school issuing the diploma must be met. Transcripts are sent to the school issuing the diploma verifying that the student has completed the necessary course work and earned enough credits for graduation.

COUNTY OFFICE OF EDUCATION
RICHARD R. FICKEL, SUPERINTENDENT
SANTA CRUZ, CALIFORNIA

PROGRAMS FOR EXCEPTIONAL CHILDREN AND ADULTS
AND
PUPIL PERSONNEL SERVICES

Out-Screen Check List

These behaviors or situations may indicate that a student may fail if returned to a regular school program. These were developed at the close of the 1971-72 school year by determining the characteristics of students who were unsuccessful in regular schools after enrollment in Sunshine School, and through research.

ANY ONE CAN INDICATE FAILURE

---

1. DRUG DEPENDENCY	The student's drug use continues to the extent that it interferes with his mental and physical well-being, and with his ability to learn and direct his own life.
2. UNSUPPORTIVE AND UNRESTRICTIVE HOME AND SOCIAL SITUATION	The student's home and social environment continues to be unstructured, and the student's parents have a negative attitude about school. The student's friends are drug users and are not oriented toward school success.
3. DOES NOT WANT TO RETURN TO REGULAR SCHOOL	The student does not want to return to regular school and feels he will fail if forced to do so.
4. HAS NOT ATTENDED, BEHAVED APPROPRIATELY OR PROGRESSED	The student has not attended the program regularly an was often tardy. The student's classroom and social behavior is not appropriate and the student has failed to complete assignments, improve his learning skills and attain objectives. The student is behind two years in grade level and is two years or more behind in reading.

No. P.R. 22 Date 6-14-72

1.16 PROGRAM EVALUATION PROCEDURES

These evaluation procedures provide information that can be used to evaluate an operating drug dependent minor program. Evaluation is important for it can offer insight into the program's overall effectiveness and possibly the relative effectiveness of its many operations. If any weaknesses are discovered, they can then be strengthened.

Evaluation always involves comparison. The program's results may be compared to its objectives, to an established standard, or to the results obtained by another program. Drug dependent minor programs are obviously intended to benefit students. Evaluation, therefore, focuses on how the students enrolled in the program change as a result of their enrollment. All entering students are drug dependent and have failed previously in school. The program should help these students become drug independent and successful in school. Evaluation should reveal if these positive changes are taking place.

The six procedures described in this section provide alternative views of the changes in characteristics and attitudes of students enrolled in drug dependent minor programs.

1. Interviews

   This most obvious technique can reveal important information about how the students feel about the program and how they feel they have benefited because of their enrollment. The interviews at Sunshine were done formally by the project coordinator. The students were asked how they felt about the program, how they felt it could be improved, and how they had changed. The results of these interviews are included in Component 5.0. Such formal interviewing may be more

successful if the interviewer were someone from outside the program. The teachers also would interview the students, informally, from time to time. The Sunshine students gave an insightful appraisal of the strengths and weaknesses of the school.

2. Attainment of Objectives

Each student's instructional program is individualized through the use of individual objectives. The student and staff develop an array of objectives for each course the student is taking. An evaluation of the attainment of these objectives is included in the pupil progress reports that are prepared at the end of each semester. (See Component 2.0) Attaining objectives is an indication that students are benefiting from enrollment.

3. The Learner Characteristics Profile-(L.C.P.)

The L.C.P. is an assessment and evaluation instrument. The LCP is printed in the form of a chart. Such a chart is shown on Page 1-98. The chart graphically portrays a student's characteristics, objectives relating to the improvement of those characteristics, and an assessment of the attainment of those objectives. The LCP can be used to evaluate the progress of individual pupils and also to evaluate the effectiveness of a program for the drug dependent.

This instrument was developed during the 1971-72 school year. The teachers of the program at Sunshine School participated in the design of the LCP. However, because the teaching staff had numerous projects related and Santa Cruz County documentation requirements to fulfill, in addition to their regular teaching duties, time was not available to use the LCP as intended at Sunshine School.

This instrument is included in the Guide because it may assist others operating Drug Dependent Minor programs in evaluating their program and assessing the changing characteristics of their pupils.

The characteristics presented on the chart include reading, spelling, and arithmetic grade equivalents as measured by the Wide Range Achievement Test (WRAT); reading grade equivalent as measured by the IOWA reading test; percent attendance and percent arrival on time; and subjective indicators of the student's home situation, drug use, appropriate behavior, attendance to tasks, and completion of assignments. For use of this chart, characteristics are defined as: behaviors attributable to a student (such as completing assignments), measureable skills (as the WRAT reading score), and situations that influence the student's behavior and feelings (such as his home situation).

These characteristics include those that are most representative of typical characteristics of drug dependent minors and are also most useful for program evaluation. The characteristics of drug dependent minors are discussed in detail in Section 1.22.

Briefly, the characteristics of a drug dependent minor are apt to include underdeveloped reading and math skills, poor attendance, and frequent tardiness, a very unstable home situation, drug use and school failure. The objectives for drug dependent minor programs and for individual drug dependent minors should include the improvement of these characteristic.. These characteristics are indicated on the guide on the right side of the chart. The left side of the

chart is used to date the evaluation of characteristics, the setting of objectives, and the expected attainment of these objectives. The upper part of the chart is for the student's name, the name of the program, the number of the LCP for this student and the number of credits earned within a given time period.

Use of the Learner Characteristics Profile

A sample case is described to illustrate the use of the LCP. Assume that a student is admitted into the program in September. Assume also that he undergoes diagnostics on the nineteenth of that month. He takes the Wide Range Achievement Test and the IOWA Reading Test at that time. His reading score is determined with two tests because reading is a problem for many drug dependent students and it is felt that reliable assessment resulting from two tests is desirable The scores received on these tests may now be displayed on the LCP. The date the tests were given is entered in the column on the left "Learner Characteristics 1". The scores are circled in the appropriate row on the right and the date points are joined by a series of straight lines.

On the following day, the staff reviews the student's cum folder and based on his record of attendance and tardiness, percentages are calculated for his attendance and arrival on time. These percentages are entered on the chart and the date that the calculations are made are entered in the column on the left "Learner Characteristic 1".

Determining the remaining characteristics require an evaluation of his home situation, an evaluation of his drug use, and observation of the student in the classroom. The staff and student meet together to decide on his placement within each of the last five categories of characteristics. Guidelines for each of these categories were developed and are on Pages 102 through 107. These guidelines specify seven incremental characteristics that represent a sequence of improvement within each category.

Improvement in characteristics is directly related to numerically higher characteristics within each guideline. For example, the first incremental characteristic in the category "Behaving Appropriately" is numbered (1) and reads as follows: "Comes to activity only after two or more reminders. Wanders or stays away more than 50% of the time. Does not contribute to activity. Behaves inappropriately much of the time; i.e., distracts others, disrupts activity, eats in class, etc."

The last characteristic in this category is numbered (7) and reads as follows: "Comes promptly, stays in proper area for appropriate time. Behaves appropriately and positively towards other students; comments are appreciative of others; encourages others to behave appropriately, heads discussions and helps others."

This characteristic is obviously an improvement over the first. There are five incremental characteristics between these two characteristics. Within each category, the student helps the staff in placing himself within each of these

categories of characteristics. They all should agree to each placement. The student's involvement is especially important in evaluating his drug use and home situation. Information for placement in the drug use category is obtained during the drug interview and the staff may base their evaluation of the student's home situation on contacts they have had with the student's parents or guardian(s) and by interviewing the student.

Continuing the sample case, assume that the staff now meets with the student on October 7. By that time it has observed his behavior in the classroom to its satisfaction and has enough information to evaluate his placement within the last five characteristic categories. His home situation, drug use and classroom behavior are discussed. The staff and student agree where he should be placed within each category. A sample LCP is on Page 1-99. This shows the characteristics of our fictitious student as determined by the staff and student on September 19 and 20 and on October 7. The individual data points are joined together by straight lines to form a visual profile of the student characteristics.

The next step in using the LCP is setting Learner Objectives. The staff and student agree to each objective and when attainment is expected. For example, the staff and student may agree that the student's attendance be improved. In our sample case it is from 80% to 95%. This objective is shown on the same LCP that was used to profile the student's characteristics. The date that the objective was set is written in the second column on the left "Learner Objective" and date of expected attainment is written in the third column on the left "Expected Attainment." In our sample case, the objectives were set on October 7

and date attainment of these objectives was set as February. The expected attainment of all the objectives need not be the same date. In this case they are, however. The objectives are shown on a sample LCP on Page 1-100. In actual use the objectives are displayed on the same chart that is used to display the characteristics. The objectives are shown on this sample chart with small "x's". (Using a separate color felt pen or pencil for each profile is recommended for actual use.) The objectives are joined by straight lines. The LCP now presents a visual profile of the student's characteristics and objectives relating to those characteristics.

The next step in using the LCP is to evaluate the attainment of objectives. The student retakes the WRAT and IOWA tests, the staff calculates his attendance and arrival on time percentages and the staff and student evaluate the student's placement within the remaining categories of characteristics. This evaluation is actually a determination of a new set of learner characteristics. These new characteristics are displayed on a LCP for our sample case on Page 1-101. This instrument is not used in place of writing individual instructional objectives but rather to present an overall picture of the progress students are making and, therefore, the success the program is having.

This completed sample LCP visually presents the characteristics of a student when he enters a drug dependent minor program, objectives that were set relating to the improvement of those characteristics, and an evaluation of the attainment of the objectives. The staff can easily determine the progress students are making on a gross level by reviewing their Learner Characteristic Profiles.

4. Enrollment Checks

The program enrollment may be compared with the enrollment capacity. If the enrollment is much lower than capacity, three problems may be revealed; the case finding methods are not successfully obtaining prospective students; the screening procedures are not screening out students who shouldn't be enrolled and students are therefore being dismissed too often; or students are dropping out because they are not motivated by the program. A cursory analysis should reveal where the problem(s) lie.

5. Frequency Checks of Former Students

Students who successfully leave the program and return to regular school should continue to be successful in the regular junior or senior high school. Their counselor in the regular school should be contacted twice a year to determine if they are maintaining enrollment and, if so, that they are attending regularly and progressing toward graduation. The results of such a check are included in Component 5.0. The staff at Sunshine School also check on the progress of former students informally by phoning them, checking with friends, etc. A good way of finding out how former students are doing would be to hold a "reunion" once a year and invite former students.

6. A Longitudinal Evaluation of Former Students

This type of evaluation is the most difficult to do. It involves checking on the behavior and attitudes of former students for a period of several years. The program at Sunshine School is fortunate in that the Santa Cruz County Office of Education operates such an evaluation system for all of the programs at the county and district

level in the County. Students are polled with a questionnaire annually for a five year period immediately following graduation. The results are machine processed and summarized in a usable format for evaluation. Sunshine School students are included in the polling. The questionnaire solicits information about the students, his vocational situation, educational situation, and his feelings about his previous school. (What skills or knowledge learned were most useful, etc.) The results of this evaluative survey will not be useful until more former students have graduated and have had time to successfully or unsuccessfully live in the community.

DRUG DEPENDENT MINOR PROGRAM _____ NO. _____

LEARNER CHARACTERISTICS PROFILE STUDENT _____ AGE _____ GRADE _____

CREDITS EARNED _____ FROM _____ TO _____

_____ FROM _____ TO _____

LEARNER CHARACT.1	LEARNER OBJECT	EXPECTED ATTAIN	LEARNER CHARACT.2	GRADE EQUIVALENT (4-12) 4 5 6 7 8 9
				WRAT READING
				WRAT SPELLING
				WRAT ARITHMETIC
				IOWA READING
* *	* *	* *	* *	% 50 to 100 50 60 70 80 90
				ATTENDANCE
				ARRIVING ON TIME
* *	* *	* *	* *	POOR (-) to GOOD (+) (-)
				HOME SITUATION
				DRUG USE
				BEHAVING APPROPRIATELY
				ATTENDING TO TASKS
				COMPLETING ASSIGNMENTS

RAM _____ NO. _____

ROFILE STUDENT _____ AGE _____ GRADE _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

ED	LEARNER CHARACT.2	GRADE EQUIVALENT (4-12) 4 5 6 7 8 9 10 11 12
		WRAT READING
		WRAT SPELLING
		WRAT ARITHMETIC
		IOWA READING
	* *	% 50 to 100 50 60 70 80 90 95 100
		ATTENDANCE
		ARRIVING ON TIME
	* *	POOR (-) to GOOD (+) (-) (+)
		HOME SITUATION
		DRUG USE
		BEHAVING APPROPRIATELY
		ATTENDING TO TASKS
		COMPLETING ASSIGNMENTS

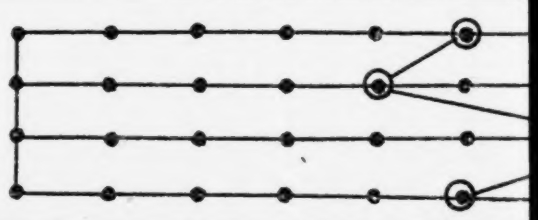
DRUG DEPENDENT MINOR PROGRAM Sunshine School NO. 1

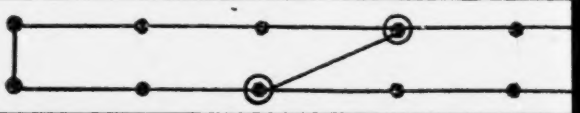
LEARNER CHARACTERISTICS PROFILE STUDENT _____ AGE 17 GRADE 11

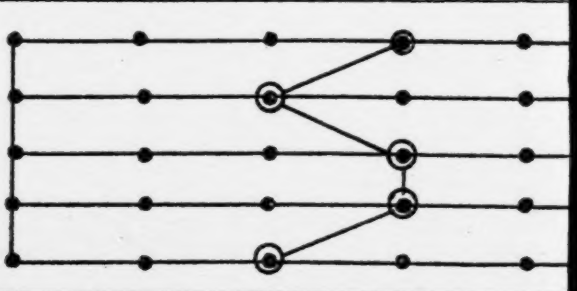
CREDITS EARNED _____ FROM _____ TO _____

_____ FROM _____ TO _____

LEARNER CHARACT.1	LEARNER OBJECT	EXPECTED ATTAIN	LEARNER CHARACT.2	GRADE EQUIVALENT (4-12) 4 5 6 7 8 9
9-19-71				WRAT READING
9-19-71				WRAT SPELLING
9-19-71				WRAT ARITHMETIC
9-19-71				IOWA READING
* *	* *	* *	* *	% 50 to 100 50 60 70 80 90
9-20-71				ATTENDANCE
9-20-71				ARRIVING ON TIME
* *	* *	* *	* *	POOR (-) to GOOD (+) (-)
10-7-71				HOME SITUATION
10-7-71				DRUG USE
10-7-71				BEHAVING APPROPRIATELY
10-7-71				ATTENDING TO TASKS
10-7-71				COMPLETING ASSIGNMENTS







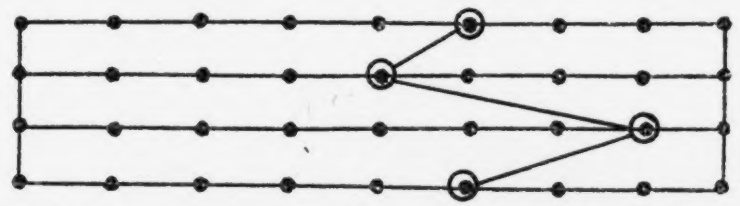
AM Sunshine School NO. 1

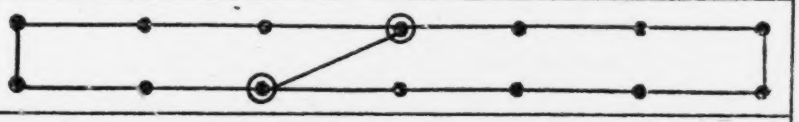
FILE STUDENT _____ AGE 17 GRADE 11

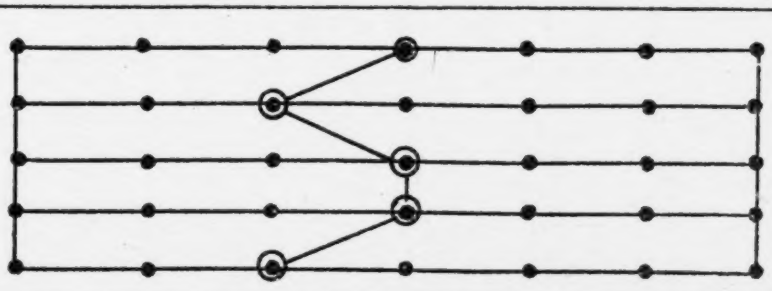
_____ FROM _____ TO _____

_____ FROM _____ TO _____

D	LEARNER CHARACT.2	GRADE EQUIVALENT (4-12) 4 5 6 7 8 9 10 11 12
		WRAT READING
		WRAT SPELLING
		WRAT ARITHMETIC
		IOWA READING
	* *	% 50 to 100 50 60 70 80 90 95 100
		ATTENDANCE
		ARRIVING ON TIME
	* *	POOR (-) to GOOD (+) (-) (+)
		HOME SITUATION
		DRUG USE
		BEHAVING APPROPRIATELY
		ATTENDING TO TASKS
		COMPLETING ASSIGNMENTS







DRUG DEPENDENT MINOR PROGRAM Sunshine School NO. 1

LEARNER CHARACTERISTICS PROFILE STUDENT _____ AGE 17 GRADE 11

CREDITS EARNED _____ FROM _____ TO _____

_____ FROM _____ TO _____

LEARNER CHARACT.1	LEARNER OBJECT	EXPECTED ATTAIN	LEARNER CHARACT.2	GRADE EQUIVALENT (4-12) 4 5 6 7 8 9
9-19-71	10-7-71	3/72		WRAT READING
9-19-71				WRAT SPELLING
9-19-71				WRAT ARITHMETIC
9-19-71				IOWA READING
* *	* *	* *	* *	% 50 to 100 50 60 70 80 90
9-20-71				ATTENDANCE
9-20-71				ARRIVING ON TIME
* *	* *	* *	* *	POOR (-) to GOOD (+) (-)
10-7-71				HOME SITUATION
10-7-71				DRUG USE
10-7-71				BEHAVING APPROPRIATELY
10-7-71				ATTENDING TO TASKS
10-7-71				COMPLETING ASSIGNMENTS

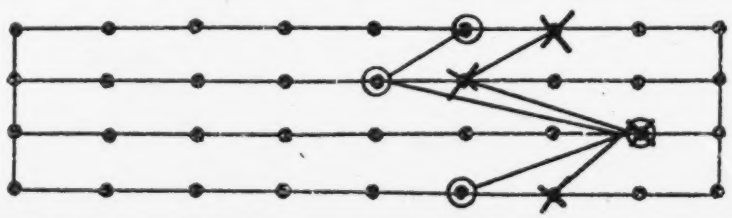
Sunshine School NO. 1

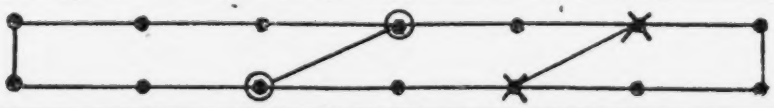
E STUDENT _____ AGE 17 GRADE 11

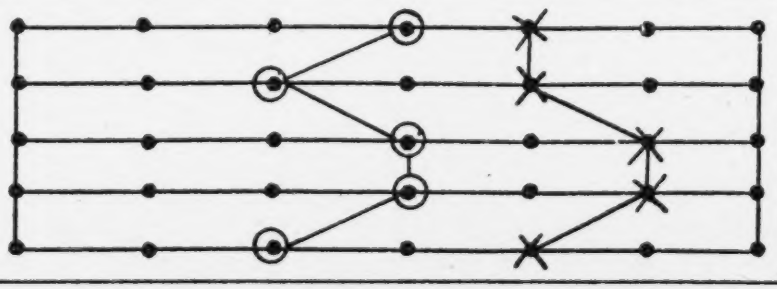
_____ FROM _____ TO _____

_____ FROM _____ TO _____

LEARNER CHARACT.2	GRADE EQUIVALENT (4-12) 4 5 6 7 8 9 10 11 12
	WRAT READING
	WRAT SPELLING
	WRAT ARITHMETIC
	IOWA READING
* *	% 50 to 100 50 60 70 80 90 95 100
	ATTENDANCE
	ARRIVING ON TIME
* *	POOR (-) to GOOD (+) (-) (+)
	HOME SITUATION
	DRUG USE
	BEHAVING APPROPRIATELY
	ATTENDING TO TASKS
	COMPLETING ASSIGNMENTS







DRUG DEPENDENT MINOR PROGRAM Sunshine School NO. 1

LEARNER CHARACTERISTICS PROFILE STUDENT _____ AGE 17 GRADE 11

CREDITS EARNED _____ FROM _____ TO _____

_____ FROM _____ TO _____

LEARNER CHARACT.1	LEARNER OBJECT	EXPECTED ATTAIN	LEARNER CHARACT.2	GRADE EQUIVALENT (4-12) 4 5 6 7 8 9
9-19-71	10-7-71	3/72	3-14-72	WRAT READING
9-19-71			3-14-72	WRAT SPELLING
9-19-71			3-14-72	WRAT ARITHMETIC
9-19-71			3-17-72	IOWA READING
* *	* *	* *	* *	% 50 to 100 50 60 70 80 90
9-20-71			3-20-72	ATTENDANCE
9-20-71			3-20-72	ARRIVING ON TIME
* *	* *	* *	* *	POOR (-) to GOOD (+) (-)
10-7-71			3-21-72	HOME SITUATION
10-7-71			3-21-72	DRUG USE
10-7-71			3-21-72	BEHAVING APPROPRIATELY
10-7-71			3-21-72	ATTENDING TO TASKS
10-7-71	▼	▼	3-21-72	COMPLETING ASSIGNMENTS

AM Sunshine School NO. 1

OFILE STUDENT _____ AGE 17 GRADE 11

_____ FROM _____ TO _____

_____ FROM _____ TO _____

ED	LEARNER CHARACT.2	GRADE EQUIVALENT (4-12) 4 5 6 7 8 9 10 11 12
2	3-14-72	WRAT READING
	3-14-72	WRAT SPELLING
	3-14-72	WRAT ARITHMETIC
	3-17-72	IOWA READING
	* *	% 50 to 100 50 60 70 80 90 95 100
	3-20-72	ATTENDANCE
	3-20-72	ARRIVING ON TIME
	* *	POOR (-) to GOOD (+) (-) (+)
	3-21-72	HOME SITUATION
	3-21-72	DRUG USE
	3-21-72	BEHAVING APPROPRIATELY
	3-21-72	ATTENDING TO TASKS
	3-21-72	COMPLETING ASSIGNMENTS

Learner Characteristics Profile - Characteristics Guidelines

Home Situation

1. Parent(s) or guardian(s) are opposed to program. They never attend parents meetings, rarely call when student is late or absent. Rarely discuss student's problems with staff. Parents rarely transport student to school (applies if student lives over 1.5 miles from school). Student is away from home much of the time; stays away from home over night at least once a week; goes out at night at least 5 times a week. Student travels, on his own, distances of over 50 miles.

2. Parent(s) or guardian(s) are indifferent to program. They never attend parents meetings, rarely call when student is late or absent. Will discuss student problem with staff. Sometimes parents transport student to school. Student is away from home much of the time; stays away from home overnight once a week; goes out at night at least 4 times a week. Student travels, on his own, distances of over 50 miles.

3. Parent(s) or guardian(s) are in favor of the student's involvement in the program. They sometimes attend parents meetings and sometimes call when student is late or absent. Sometimes parents will contact staff about the student's problems. Student is away from home half of the time, stays away from home overnight once every two weeks and goes out at night at least 4 times a week. Student travels, on his own, distances of 30-50 miles.

4. Parent(s) or guardian(s) are in favor of the student's involvement in the program. They usually attend parent's meetings and usually call when student is late or absent. Parents often contact the staff about the student's problems and support staff decision. Student is home more than half of the time, stays away from home overnight once every two weeks and goes out at night at least three times a week. Student travels, on his own, distances of 30-50 miles.

Home Situation (cont'd)

5. Parent(s) or guardian(s) are in favor of the student's involvement in the program. They almost always attend parents meetings and almost always call when student is late or absent. They often contact the staff about the student's problems and are willing to support the staff in working to help the student. Student is home more than half of the time, rarely stays out over night and rarely travels on his own.

6. Parent(s) or guardian(s) are in favor of the student's involvement in the program. They always attend parent's meetings and always call when student is late or absent. They demonstrate initiative in helping student solve his problems by supporting the staff, and by seeking solutions on their own including involvement of other agencies. Student is home more than half of the time, rarely stays out over night and rarely travels on his own.

7. Parent(s) or guardian(s) are in favor of the student involvement in the program. They always attend parent's meetings and always call when student is late or absent. They demonstrate initiative in helping the student solve his problems by supporting the staff, by seeking solutions on their own including involvement of other agencies and by directly helping the student complete his course work, find a job, and return to a regular school program. Student is home most of the time, and rarely travels on his own.

Characteristics Guidelines

Drug Use

1. Is physically addicted to an illicit drug. Actively seeks and sells drugs. Is under the influence of drugs most of his waking hours.

2. Is not addicted but actively seeks and sells drugs. Uses drugs intraveneously. Is under the influence of drugs more than half his waking hours.

3. Does not use drugs intraveneously but does use amphetamines or barbiturates or heroin, or cocaine. Actively seeks these drugs. Almost always takes drugs when offered. Is under the influence of drugs half his waking hours. Sells drugs sometimes.

4. Uses amphetamines, barbiturates, heroin, or cocaine on occasion but does not actively seek these drugs. Does actively seek other drugs. Is under the influence of drugs less than half his waking hours. Sometimes refuses drugs when offered. Rarely sells drugs.

5. Only uses marijuana, alcohol, and psychedelics (rarely) but does not seek these drugs. Often refuses using these drugs. Is under the influence of drugs less than 25% of his waking hours.

6. Rarely uses illicit or legal psychoactive drugs. Does not seek drugs. Usually refuses drugs when offered. Is under the influence of drugs less than 10% of his waking hours. Discusses drug problems with other students.

7. Never uses illicit or legal psychoactive drugs. Helps other students solve their drug problems.

Characteristics Guidelines

Behaving Appropriately

1. Comes to activity only after two or more reminders. Wanders or stays away more than 50% of the time. Does not contribute to activity. Behaves inappropriately much of the time, i.e., distracts others, makes noises in the work area, eats in class.

2. Is in proper area at start of activity, or comes promptly when called. Stays in area over 50% of the time; behaves appropriately 50% of the time. Makes a contribution to group activity.

3. Comes promptly, stays in proper area for appropriate time. Behaves appropriately 50-75% of the time. Makes two contributions to group activity.

4. Comes promptly, stays in proper area for appropriate time. Behaves appropriately most of the time. Makes three or more contributions to group activity, one of which is a valid example.

5. Comes promptly, stays in proper area for appropriate time. Behaves appropriately most of the time. Makes three or more contributions to group activity, one of these contributions is evidence of drawing a conclusion based on the activity.

6. Comes promptly, stays in proper area for appropriate time. Behaves appropriately and positively towards other students; comments are appropriate and appreciative of others. Consistently shows evidence of drawing conclusions based on the activity.

7. Comes promptly, stays in proper area for appropriate time. Behaves appropriately and positively towards other students; comments are appreciative of others; encourages others to behave appropriately. Leads discussion and helps others.

Characteristics Guidelines

Attending to Tasks

1. Sits alone before task, pays no attention, wanders, substitutes another activity.

2. Confronts task by handling papers, mentioning it, writing name or date on paper, but pays no further attention. Substitutes another activity.

3. Attends to task for 5 minutes.

4. Attends to task for 10 minutes.

5. Attends to task for 25 minutes.

6. Attends to task for full class period.

7. Is self directed, attends to tasks without direction for one full class period.

Characteristics Guidelines

Completing Assignments

1. Starts assignment only with much reminding from staff member but does not complete task.

2. Starts assignment before end of class period, but completes 25% or none of assignment.

3. Starts and partially completes assignment due at end of class period. 50% or more of task.

4. Starts and completes assignment due at end of one period. 75% or more of task.

5. Completes 100% of assignment.

6. Completes 100% of assignment. Student proof reads or checks work, makes corrections.

7. Completes 100% of assignment with revisions. Student begins new task without being reminded.

1.17 TASK BASE, JOB DESCRIPTIONS, AND STAFFING RECOMMENDATIONS

Included in this section are tasks performed by the Sunshine School staff over an eight-day period, suggested job descriptions for the positions of head teacher/counselor, teacher, and instructional aide, and staffing recommendations.

Task Base

This task base should help other agencies develop staffing requirements for their own special day class program for drug dependent minors. The method used to develop this listing was part of an overall management system being developed by VORT Corporation (A Palo Alto based educational and management systems firm) for the Santa Cruz County Office of Education. It is called task analysis. Task analysis involves the staff in recording their activities in terms of the specific tasks they go through when accomplishing their job duties. These tasks are recorded on Task Description Forms (See sample on next page.) The forms are then collected and summarized by computer to produce a task composite for eac personnel position. These composites or summaries are then given to the staff to review and revise. The revised summaries can then be used as the basis for developing detailed job descriptions since job descriptions can be viewed as a specified list of job tasks.

This task analysis approach was used by VORT Corporation in Los Angeles City Unified School District, Pajaro Valley Unified School District, and the Santa Cruz County special education schools, of which Sunshine School is a part. The sampling period used was eight school days in May. In addition, the staff were asked to include major tasks that occurred at other times during the school year to broaden the task description base. About 850 task descriptions were collected and summarized into 212 general tasks. These general tasks were sequenced so that Task 1 had to be accomplished before Task 2 and Task 2 before Task 3, etc. They were further grouped by the function which they came under, e.g., counseling, instruction, and supervision, assessment. The total amount of reported time spent per task was also

included to provide some perspective as to the duration of each task. The task listing begins on Page 1-118. The tasks were recorded by the program staff over a period of eight days in the first two weeks in May 1972. The tasks performed by the teachers, secretary, and aides during that period are probably representative. However, the head teacher/counselor was involved in preparing a presentation for a conference at that time and her task listing reflects that activity. Also, since the task listing was developed near the end of the school year, a minimum of case finding and entry tasks are listed.

DO NOT USE THIS SPACE

TASK DESCRIPTION FORM (TDF)

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No. | **Date:** | **Location:** _____ **Contact:** _____ | **Source:** ☐ Self ☐ Assigned

Check others directly involved in task:

☐ Nurse ☐ Head Teacher ☐ Pupil ☐ Teacher
☐ Instructional Aide ☐ Psychologist ☐ Building Principal ☐ Bus Driver
☐ Counselor ☐ Coordinator/Director ☐ Resource Teacher ☐ Social Worker
☐ Parent ☐ Other _____ ☐ Speech Therapist ☐ Secretary

Check functions to which task relates:

☐ Case Finding ☐ Referral/Placement ☐ Direct Instruction ☐ Evaluation
☐ Pupil Observation ☐ Guidance/Therapy ☐ Transportation ☐ In-service
☐ Diagnosis/Testing ☐ Instructional Support ☐ Budget ☐ _____
☐ Schedule ☐ _____

TASK SPECIFICS: Purpose/Resources Used/Outcome. (use backside if necessary)

TIME REQUIRED
Hours : Minutes
____ : ____

Job Descriptions

The task base provides a detailed description of the typical work done by the staff of the Santa Cruz County Special Day Class Program for Drug Dependent Minors. An alternative way of describing staff responsibilities is by job description, which is useful in that it is more traditional and generally

more descriptive. A suggested job description for the positions of head teacher-counselor, teacher, and instructional aide follow:

Head Teacher/Counselor

A. Teaching Responsibilities

1. Supervise and participate in writing instructional objectives and maintain standards for course content.
2. Administer diagnostic tests to students, e.g. Wide Range Achievement Test.
3. Assist in planning and participate in affective educational program for purposes of increasing students' self-concept, as needed.
4. Assist in planning in student's instructional program.
5. Assist in instruction.

B. Management Responsibilities

1. Process prospective students for enrollment in Sunshine School.
   a. Confer with referral agency and other involved agencies.
   b. Confer with student, obtain questionnaire.
   c. Confer with parents.
   d. Obtain required forms.
   e. Schedule screening committee meeting; preside at same.
   f. Schedule presentation for ARD committee.
   g. Write conditional acceptance contract; obtain signatures.
2. Check attendance of students each day; follow up on absences.
3. Maintain registers, case files, cumulative records, records of daily-earned high school credit.

4. Contact State Department of Education officials as needed for special permission to continue a student's enrollment, or regarding regulations for day classes for drug dependent minors.
5. Coordinate (collect, duplicate and disseminate) staff write-ups for case conferences. Preside at case conferences.
6. Maintain up-to-date records of status of former students for statistical purposes.
7. Supervise and participate in writing parent conference reports.
8. Supervise and participate in student planning and preparation of lunches, as needed.
9. Supervise and assign volunteers; participate in planning volunteer activities. Obtain required forms and write reports concerning volunteers, as needed.
10. Preside at daily and weekly staff meetings. Participate in making decisions about the following:
    a. Class schedules
    b. Instructional objectives
    c. Behavioral objectives
    d. School policy and rules (and violations of same)
    e. School activities
    f. Health objectives and instruction
    g. Individual student/family problems.
11. Supervise instructional aides in maintenance of grounds and buildings.
12. Supervise teachers and aides in maintaining learning environment.
13. Evaluate instructional aides, with teachers.
14. Obtain supplies and equipment needed for instruction or other school activity.
15. Maintain inventory records of equipment.
16. Meet with Program Manager weekly; keep him advised as needed of critical happenings at school. Meet with Program Director, as needed.
17. Supervise preparation of required County Office forms by staff, collect same, and channel to appropriate staff member.

18. Prepare proposals for special projects, e.g. camping, summer program.

C. Relationship with Students, Staff, Parents, and Community.

1. Engage in student counseling as needed or requested.
2. Engage in parent or family counseling as needed or requested.
3. Engage in and coordinate health counseling with students, nurse, teachers, and parents (including coordination of drug interviews and drug counseling).
4. Supervise and participate in writing student behavioral objectives with teachers and students.
5. Supervise and participate in writing student behavioral contracts.
6. Implement decisions made at case conferences by contacting parents, students, or agencies.
7. Engage in counseling with former students and their families as needed or requested.
8. Participate in parent conferences to discuss progress reports, as needed.
9. Schedule and preside at evening parent meetings monthly, or as scheduled.
10. Attend diagnostic sessions. Relay findings to teachers and aides.
11. Obtain services of and consult with other specialists attached to Office of Education (Psychologist, School Nurse, Hearing Specialist, staff members of Manresa Diagnostic and Counseling Service).
12. Consult with probation officers, welfare workers, school counselors, employment office counselors, and representatives of other agencies, as needed.
13. Regularly convey up-to-date information to each referring school or agency concerning each student.
14. Maintain friendly relation with school neighbors.
15. Conduct visitors on tours of the school.
16. Address community and professional groups regarding Office of Education Drug Dependent Minor Program.
17. Make presentations to Board of Education regarding success of drug dependent minor program.

D. Professional Growth

1. Read current publications concerning drug abuse, trends in treatment, education and counseling.
2. Visit similar programs in other schools. Visit successful treatment programs.
3. Attend conferences relating to:
   a. individualized instruction
   b. remedial instruction
   c. drug abuse treatment
   d. drug education
   e. innovative educational methods
   f. behavior modification
4. Attend classes in counseling, drug education, individualized instruction.
5. Visit regular schools in community, or attend their meetings, in order to keep current on new programs and methods.
6. Participate in Drug Education Committee.
7. Participate in professional organizations.
8. Participate in developing objectives for evaluation.

Teacher

A. Teaching Responsibilities

1. Assume full responsibility for teaching two English classes and one social science class. Co-teach arts and crafts and Discovery (group dynamics).
2. Observe and diagnose individual's abilities and disabilities.
3. Write instructional goals and objectives for individual students.
4. Use a variety of remedial and developmental techniques to help realize goals and objectives.
5. Evaluate pupil growth; write progress reports.

6. Provide materials, supplies, activities, etc. which will contribute to completion of learner's objectives.
7. Develop and apply individual strategies which allow students to function in classroom and do assignments.
8. Maintain structure and order which allows group to function as a class.
9. Develop and maintain classroom environment which effects learner's objectives.
10. Develop and use innovative affective education activities in Discovery class.
11. Direct and supervise aide in instructional activities. Confer with aide for data regarding pupil growth.

B. Management Responsibilities

1. Select and order materials, supplies, media, equipment, etc.
2. Direct aide (in conjenction with head teacher) in maintenance and other duties outside of classroom.
3. Participate in program planning and scheduling of teachers, aides, and students.
4. Participate in developing overall strategies for creating a favorable climate for pupil growth.
5. Participate in screening committee for prospective students.
6. Plan and supervise lunch preparation, shopping, planning, budgeting, etc. for at least part of the school year.
7. Participate in screening committee for prospective students.
8. Maintain equipment, materials, etc. or direct aide in same.

C. Relationship with Students, Staff, Parents, and Community

1. Plan and conduct parent meetings in cooperation with other staff.
2. See parents informally to share data.

3. Work in close cooperation with teacher and head teacher on all aspects of the program.
4. Discuss program with visitors.
5. Counsel students regarding problems as part of ongoing educational process or on an individual scheduled basis.
6. Confer with probation officers, welfare workers, etc., regarding student progress.
7. Obtain consultant services from auxiliary professional staff, e. g., nurse, psychologist.

D. Professional Growth

1. Read widely in all areas to gain ideas for classes and to be aware of trends which affect students.
2. Attend professional conferences and courses related to special education.
3. Participate in professional organizations.
4. Keep informed of current procedures and developments in regular public schools.
5. Participate in developing objectives for evaluation.
6. Present programs describing Sunshine School to professional groups (with head teacher).

Instructional Aide

A. Responsibilities

1. Give individual assistance to students in all areas of education, as planned by teacher.
2. Assist in preparation of teaching materials.
3. Assist in supervision and guidance of students when engaged in activities involving therapeutic exercises, games, sports, arts and crafts, and all recreational programs in and out-of-doors.
4. Perform daily maintenance duties as directed by a teacher.

5. Observe and record pupil behavior in order to assign behavior modification rewards.
6. Assist in classroom management.

Staffing Recommendations

The staff of a drug dependent minor program is the most important element of the program; much more important than the administrative procedures followed, the instructional techniques and materials used, and the counseling strategies employed. Staff members should be congruent; that is to say, they should be strong, warm people, with a knowledge of the problems of young people. Staff members should ideally have first hand experience with the techniques used in counseling drug users and be aware of drugs and the drug scene. Staff members should demonstrate a willingness to help these youngsters by requesting job placement in the drug dependent minor program. Some recommended characteristics of each staff member are included in this section.

Head Teacher/Counselor

The head teacher-counselor should have experience in working with exceptional children particularly behaviorally exceptional children. He/she should have experience in managing special education programs including supervising teachers and teacher aides. He/she should also have received special training in drug abuse. Title 5 Section 3724 requires that a teacher who gives individual instruction to a drug dependent minor be a qualified home instructor of physically handicapped pupils. The head teacher/counselor should therefore hold a valid kindergarden-primary, elementary, or secondary credential to teach in the schools of the state or a standard teaching credential with a specialization in elementary teaching, secondary teaching, or junior college teaching or a credential authorizing the teaching of exceptional children in an area of specialized preparation.(See Education Code Section 13287) (Reference 6) To qualify as a counselor, the head teacher/counselor should also hold a general pupil personnel credential.

Teachers

Teachers should have experience in working with behaviorally exceptional children or other children with learning deficiencies, and should be experienced in individualized instruction in the cognitive, affective, and psychomotor domains.

Teachers should be able to work with instructional aides. They should have some knowledge of and contact with drug users and be aware of drugs and their effects. Teachers should have experience in behavior modification and must hold the same teaching credentials as the head teacher/counselor.

Instructional Aides

Instructional aides should be aware of drugs and their effects. They will serve as role models for the students, and, therefore, if they have used drugs, they should have done so only moderately as extensive experience should not be evident to the students.

It would be desirable if the instructional aides have at least two years of college, including some courses in education. The instructional aide must be willing to perform custodial duties, be willing to serve in a subservient position to the teacher, and also be able to relate to drug dependent youngsters.

TASK BASE

TASK BASE FUNCTION CLASSIFICATIONS

1. Case Finding and Identification
2. Screening and Pre-diagnosis
3. Diagnosis/Assessment
4. Agency/Program Referral
5. Program Placement
6. Guidance and Counseling
7. Health
8. Therapy
9. Instruction and Supervision
10. Class/Program Management
11. Evaluation and Testing
12. Scheduling
13. Transportation
100. General and Administrative
101. Personnel Management
102. Personnel Development (Inservice)
103. Facilities/Plant Operations
104. Materials and Equipment
105. Program Budgeting
106. Program Evaluation

This is a listing of the functions. Each task is categorized by function. For example, the 9 in 9.077 means that 9.077 is included in Function 9 - Instruction and Supervision.

Head Teacher/Counselor

TASK BASE

Time period: Eight school days in the first two weeks in May.

TASK	TIME (Minutes)	DESCRIPTION
5.09	15	Confer with and discuss case transfer and placement with other staff.
5.30	15	Write student contact report.
5.34	70	Provide a detailed description of child and specific recommendations to new teacher, including curriculum and priorities.
6.04	5	Counsel and evaluate work/behavior with pupil.
6.09	77	Discuss a personal topic with a pupil, including health.
6.10	10	Discuss the problems of the day (gripes) with pupil.
6.17	40	Discuss with pupil behavior problems at school, including attendance.
6.18	30	Counsel student group about individual problems.
6.21	40	Counsel pupil about problems with parents at home.
6.22	5	Confer with psychologist, nurse, therapist re: parent counseling.
6.24	225	Discuss pupil behavior in the home with the parent (home visit).

Head Teacher/Counselor (cont.'d) TASK BASE

TASK	TIME (Minutes)	DESCRIPTION
6.30	45	Discuss parent/student problems with police, social, community worker, probation officer.
7.11	27	Discuss health problems with students/staff.
9.043	143	Instruct and supervise in kitchen skills.
9.051	40	Instruct and supervise in English.
9.072	105	Instruct and supervise in physical education and exercise.
9.082	110	Instruct and supervise in general activities.
9.093	32	Supervise in watching/discussing films and movies.
9.094	245	Instruct and supervise in participating in field trips.
10.05	15	Collect and count lunch money (milk records).
10.26	25	Discuss instructional techniques.
10.40	30	Prepare lists of student names.

Head Teacher/Counselor (cont.'d) TASK BASE

TASK	TIME (Minutes)	DESCRIPTION
10.46	74	Discuss daily plans with other staff.
10.55	32	Set up and move audio/visual equipment and operate.
10.59	5	Clean up class, bathroom, coffee area.
10.65	8	Discuss/check on absence of children.
10.70	30	Discuss instructional (behavioral) objectives.
10.79	10	Check daily register and attendance records.
13.09	140	Staff driving/traveling time
100.01	310	Attend general staff/program meeting and discussion(s).
100.13	95	Prepare materials for meetings.
100.28	30	Discuss/plan a summer school program.
100.34	140	Review/prepare applications to open new class/program.

Head Teacher/Counselor (cont.'d) TASK BASE

TASK	TIME (Minutes)	DESCRIPTION
100.73	150	Guide visitors through the program.
100.77	10	Read or prepare mail; envelopes, stamps, send out.
100.79	330	Organize material--presentation.*
100.83	261	Make telephone calls.
100.88	80	Prepare miscellaneous materials and attend/discuss miscellaneous meetings.
100.94	40	Arrange for substitute teacher.
101.18	5	Discuss personnel problems with employees.
101.22	10	Administer evaluation of personnel.
102.11	240	Present materials at workshop/in-service meeting.*
103.10	10	Discuss/prepare rental agreements, problems.

* The Head Teacher/Counselor was preparing a presentation during this time period.

TASK BASE

Head Teacher/Counselor (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
104.8	60	Purchase materials from local store.
(1013)	62	Collect, summarize, and review student performance data.
(1016)	160	Type/correct/review reports, letters.
(1017)	5	Retrieve/file miscellaneous material

Teacher #1

TASK	TIME (Minutes)	
2.2	4	Observe the child's behavior in the class, home, etc.
3.45	20	Psychological reports.
3.51	15	Report on diagnosis and findings and recommendations to A & D committee and case conference committee.
4.13	17	Screen referrals.

TASK BASE

Teacher #1 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
5.09	12	Confer with and discuss case transfer and placement with other staff.
5.27	30	Visit pupil in juvenile hall.
6.04	10	Counsel and evaluate work/behavior with pupil.
6.06	2	Discuss grades, tests with pupil--areas to improve.
6.09	134	Discuss a personal topic with a pupil, including health.
6.18	60	Counsel student group about individual problems.
6.19	300	Counsel a student by telephone.
6.20	10	Discuss drug use with students--possible problems.
6.23	60	Set up a meeting for home visit.
6.24	150	Discuss pupil behavior in the home with the parent (home visit).
9.010	15	Instruct and supervise in oral hygiene.

TASK BASE

Teacher #1 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
9.011	15	Instruct and supervise in self-identification.
9.013	35	Instruct and supervise in auditory perception skills.
9.021	20	Instruct and supervise in language development skills.
9.025	30	Instruct and supervise in interpersonal relations skills.
9.026	9	Instruct and supervise in responsible behaviors skills.
9.034	50	Instruct and supervise in reading skills.
9.037	47	Instruct and supervise in writing skills.
9.040	5	Instruct and supervise in music and rhythm skills.
9.041	37	Instruct and supervise in art and crafts skills.
9.043	124	Instruct and supervise in kitchen skills.
9.045	53	Instruct and supervise in outdoor skills.

TASK BASE

Teacher # 1 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
9.051	23	Instruct and supervise in English.
9.055	5	Instruct and supervise in geography.
9.059	3	Instruct and supervise in library skills, use of index, book types.
9.062	45	Instruct and supervise in following directions, verbal instruction, imitation.
9.070	2	Instruct and supervise in reading of plays and scripts.
9.071	75	Instruct and supervise in games.
9.072	2	Instruct and supervise in physical education and exercise.
9.075	98	Instruct and supervise in sewing and using sewing machine.
9.076	75	Instruct and supervise in social studies and government.
9.081	40	Instruct and supervise in woodwork (carving)

TASK BASE

Teacher #1 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
9.082	20	Instruct and supervise in general activities.
9.083	135	Instruct and supervise in use and care of audio-visual equipment.
9.093	40	Supervise in watching/discussing films and movies.
9.099	12	Instruct in planning own individual program.
9.104	5	Instruct and supervise in preparation of materials.
9.117	8	Instruct and supervise in use of supplies and materials.
10.03	19	Transfer pupils from class to class.
10.09	15	Review work on unit development.
10.10	11	Distribute materials to pupils with instruction.
10.11	33	Discuss/describe sex education program with pupils, parents, others.
10.17	4	Hand out homework assignments.

TASK BASE

Teacher #1 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
10.23	85	Read literature on Ed. Code/Professional/General/First Aid.
10.33	70	Review and evaluate goals and objectives of pupil(s).
10.35	25	Prepare individual lesson plans (curriculum).
10.37	10	Write out/prepare behavior modification plan.
10.45	39	Locate materials.
10.49	1	Lock up and/or open classrooms.
10.51	3	Dust and clean furniture and fixtures.
10.54	136	Prepare and plan instructional materials (dittoes, etc.).
10.55	200	Set up and move audio/visual equipment and operate.
10.59	36	Clean up class, bathroom, coffee area.
10.69	3	Search for a lost child-contact parent/police.

TASK BASE

Teacher #1 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
10.72	10	Maintain records and class notebooks.
11.01	28	Review pupil evaluation daily for class planning.
13.09	360	Staff driving/traveling time.
100.01	135	Attend general staff/program meeting and discussion(s).
100.73	1	Guide visitors through the program.
100.86	15	Read/prepare correspondence.
101.08	35	Type and prepare a staff schedule.
108.18	3	Discuss personnel problems with employees.
102.03	17	Discuss, plan, confirm, and schedule workshops with staff, administrators.
102.04	175	Prepare material for a demonstration school.
102.07	280	Prepare, read materials for in-service, workshops.

TASK BASE

Teacher #1 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
102.10	660	Attend/conduct and participate in workshops, demonstrations, and discussions.
102.12	17	Disseminate materials/methods/information.
103.04	5	Inspect facility and grounds.
104.08	20	Purchase materials from local store.
(514)	5	Instruct and supervise in identification and maintenance of shop tools.
(1017)	9	Retrieve/file miscellaneous material.
(1018)	65	Order materials.
(1019)	30	Change pupil's class schedule.
(1020)	55	Evaluate, discuss games, simulations.
(1021)	11	Observe staff.

TASK BASE

Teacher #2 (cont 'd)

TASK	TIME (Minutes)	DESCRIPTION
5.09	10	Confer with and discuss case transfer and placement with other staff.
6.18	255	Counsel student group about individual problems.
6.20	30	Discuss drug use with students--possible problems.
6.22	10	Confer with psychologist, nurse, therapist re: parent counseling.
9.026	15	Instruct and supervise in responsible behaviors skills.
9.035/9.036	190	Instruct and supervise math skills. Instruct and supervise in practical math skills.
9.037	15	Instruct and supervise in writing skills.
9.040	165	Instruct and supervise in music and rhythm skills.
9.041	10	Instruct and supervise in arts and craft skills.
9.043	10	Instruct and supervise in kitchen skills.
9.045	95	Instruct and supervise in outdoor skills.

TASK BASE

Teacher #2 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
9.071	180	Instruct and supervise in using games.
9.072	280	Instruct and supervise in physical education and exercise.
9.075	15	Instruct and supervise in sewing and using sewing machine.
9.077	145	Instruct in science.
9.081	70	Instruct in woodwork (carving) and crafts skills.
9.093	70	Supervise in watching/discussing films and movies.
10.03	10	Transfer pupils from class to class.
10.11	25	Discuss/describe sex education program with pupils, parents, others.
10.12	15	Discuss classroom behavior of a pupil.
10.23	30	Read literature on Ed. Code/Professional/General/First Aid.
10.35	170	Prepare individual lesson plans (curriculum).

TASK BASE

Teacher #2 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
10.43	10	Conduct materials research, use catalogue.
10.46	55	Discuss daily plans with other staff.
10.52	15	Arrange and move furniture for daily class activity.
10.54	20	Prepare and plan instructional materials (dittoes, etc.).
10.59	85	Clean up class, bathroom, coffee area.
100.01	300	Attend general staff/program meeting and discussion(s).
100.22	35	Discuss and plan for sercices provided by/with other agency.
100.60	50	Meet with consultants re: goals and objectives.
100.66	105	Prepare proposals, schedules, reports for special projects.
104.08	20	Purchase materials from local store.
104.16	45	Repair and fix materials and equipment.

TASK BASE

Teacher #2 (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
106.3	140	Review and evaluate program progress, evaluation instruments.
106.4	10	Discuss and prepare program goals and objectives with staff.
(1013)	30	Collect, summarize and review student performance data.

Instructional Aide

TASK	TIME (Minutes)	DESCRIPTION
9.035	190	Assist instructor in math.
9.041	50	Assist instructor in arts and crafts skills.
9.043	115	Assist instructor in kitchen skills.
9.044	10	Assist instructor in homemaking skills.
9.045	70	Assist instructor in outdoor skills.
9.048	20	Assist instructor in changing classes.

TASK BASE

Instructional Aide (cont 'd)

TASK	TIME (Minutes)	DESCRIPTION
9.071	50	Assist instructor in using games.
9.072	350	Assist instructor in physical education and exercise.
9.075	25	Assist instructor in sewing and using sewing machine.
9.076	10	Assist instructor in social studies and government.
9.077	175	Assist instructor in science.
9.081	5	Assist instructor in woodwork (carving) and crafts skills.
9.082	215	Assist instructor in general activities.
9.087	365	Assist instructor in room clean-up and preparation.
9.090	75	Assist instructor in preparation of classroom decorations.
9.092	500	Assist instructor in use of free time.
9.093	35	Assist instructor in watching/discussing films and movies.

TASK BASE

Instructional Aide (cont 'd)

TASK	TIME (Minutes)	DESCRIPTION
9.107	40	Assist instructor in discussing personal interests.
9.114	245	Assist instructor in discussing topics of current interest.
10.03	150	Help transfer pupils from class to class.
10.12	20	Discuss classroom behavior of a pupil.
10.46	25	Discuss daily plans with other staff.
10.49	90	Lock up and/or open classrooms.
10.53	10	Set up and operate instructional equipment.
10.54	25	Help prepare and plan instructional materials (dittos, etc.).
10.59	400	Clean up class, bathroom, coffee area.
10.80	200	Help prepare/type ADA reports and/or memos.
13.08	30	Provide transportation home/to meeting for staff.

TASK BASE

Instructional Aide (cont'd)

TASK	TIME (Minutes)	DESCRIPTION
100.31	65	Discuss possible agency coordination.
100.83	50	Make telephone calls.
101.18	5	Discuss personnel problems with employees.
104.08	40	Purchase materials from local store.
104.09	20	Pick up and deliver materials.
(1017)	45	Retrieve/file miscellaneous material.
(1018)	30	Order materials.

1.18 IN-SERVICE TRAINING

Included in this section are suggested guidelines for in-service training for the staff of drug dependent minor programs. Because the drug problem is new to educators, many teachers, counselors, aides, and administrators associated with drug dependent minor programs may benefit from in-service training. The purpose of in-service training is to provide staff members with the necessary knowledge and skills so they can more effectively teach and counsel drug dependent minors. Specifically, an in-service training program might include up-to-date information about popularly abused drugs, the latest research findings about drug users, suitable diagnostic techniques and instruments, specific instructional techniques, and, most importantly, counseling techniques including practice in the use of these techniques. These areas are all discussed in this guide; many staff members, however, may also find direct training and practice beneficial. There are many public and private agencies in the state that can provide this type of in-service training, the cost of such training and the amount of time required varying with the agency contacted to provide the service, the particular needs of the staff members, and the material presented.

The State Office of Narcotic and Drug Abuse Coordination has prepared a Directory of Community Drug Abuse Services in California (Reference 4), which includes the names of hundreds of drug abuse programs. They are listed alphabetically by county and the type of service provided is indicated. The staff of other programs may use this directory in seeking local organizations to provide in-service training.

1.19 TRANSPORTATION

Providing transportation for the students of Sunshine School was not a requirement until the program was moved to Aptos in January of 1972. Prior to that time the school was located so that most students could easily walk to school. The move from the centralized location in Santa Cruz meant that students had to travel ten miles further to and from school. Although some students arranged for transportation with their family or friends, many other students had to depend on hitch hiking as their only method of getting to school. This naturally resulted in a profound increase in tardiness and on inclement days, absences. The situation also upset many of the neighbors who were frightened by the thought of drug dependent minors hitch hiking through their neighborhood. (See Section 1.13 - Community Relations.)

As a result of these problems, the program staff began searching for solutions and sources of funds for these solutions. Two primary alternatives were considered: to pay parents to transport their children or to provide bus transportation. The first alternative was eliminated because many parents could not reliably provide transportation even when reimbursed. The second alternative, providing bus service, then appeared to be the most reasonable. But, since transportation was not needed when the budgets were developed, money was not available to finance such busing.

Fortunately, the new state resolution providing funds for special day class programs for drug dependent minors was passed in February of 1972. (See Section 1.2 - Program Basis.) This resolution classifies drug dependent minors as being physically handicapped which makes it possible for county and district boards to operate instructional programs for drug dependent minors and receive state funds for instruction and transportation based on A.D.A. The California State Department of Education has compiled an outline analysis of funding sources for California Schools. (Reference 9) Included in this report are the specific requirements for funding transportation for exceptional children including physically handicapped. There requirements also apply to drug dependent minors. The appropriate information is duplicated as follows:

STATE FUNDS FOR TRANSPORTATION

1. Popular Name or Title: Special Education Transportation Allowance

2. Authority: California Education Code, Sections 18060, 18062.

3. Source of Funds: State

4. Intent of Funding: The intent and purpose of the Legislature is to Provide special services to exceptional children when no appropriate services can be provided by school districts or county superintendent of schools (Ed. Code Sec. 6870). Physically handicapped children and severely mentally retarded children who are not able to be transported in the regular home-to-school transportation system of the district and/or county may be accommodated through this special education transportation allowance.

5. Basis of Apportionment or Allocation to School Districts: An allowance of $389 is provided to school districts and county superintendents of schools for the transportation of certain handicapped pupils as follows: (1) Physically handicapped pupils as defined in Ed. Code Sec. 18060.2 and pupils impaired in vision or hearing being transported to another district, or to the California School for the Blind or to the California School for the Deaf and (2) Trainable mentally retarded pupils who come within the provisions of Ed. Code Sec. 6903.

   An additional allowance of 75 percent of any expense in excess of $389 but not more than $73 per unit of average daily attendance will be made for special transportation if circumstances require the operation of a vehicle or vehicles exclusively for such purpose.

6. Total Funds Allocated within the State:

Year	Physically Handicapped	Trainable Mentally Retarded
1968-69	$4,594,350	$3,865,856
1969-70	$4,781,320	$4,187,072

Note: Allowances provided to school districts under Ed. Code Secs. 18060 and 18062 are funded under the Special Education appropriation pursuant to Sec. 17303.5 of the Education Code, Sub-section (c).

1.20 FUNDING SOURCES

The Santa Cruz County drug dependent minor program was funded by the County Board of Education, the County Board of Supe visors, the State under the State resolution funding first home instructions and later special day class instruction for drug dependent minors, and by ESEA, Title VI-B. The County Board of Education, with the assistance of the County Board of Supervisors, provided funds for one class and was reimbursed partially by the state based on A.D.A. The second class and the project effort, including production of this Guide, was funded by Title VI-B. Title VI-B funds are only available on a year by year basis for the operation of special projects. This source of funds is therefore not available generally to districts or counties planning to operate a drug dependent minor program. The state funds as provided for by Title 5 are available. The details of this funding source are included in the outline analysis of funding sources prepared by the State Department of Education. These details are duplicated below. Drug dependent minors are considered as being Physically Handicapped.:

CALIFORNIA STATE FUNDING

1. Popular Name or Title: Physically Exceptional Children

2. Authority: Ed. Code Secs. 6801-6878; Calif. Admin. Code, Title 5.

3. Source of Funds: State -- State support of local programs and services is provided as authorized in Ed. Code Secs. 18101-18102, 18060, 6870-6874, 19681.
   Local -- Local support for programs and services provided.

4. Intent of Funding: By direction of the Legislature, the Superintendent of Public Instruction shall allow, during the current fiscal year, to each school district and county superintendent of schools maintaining special day classes for the education of physically handicapped minors, the amounts prescribed for each of the respective types of classes maintained for the fiscal year (Ed. Code Sec. 18101). Additional support for physically handicapped children includes transportation (Ed. Code Sec. 18060), school building aid (Ed. Code 19681), and support for such children for whom no state facilities exist (Ed. Code Sec. 6870). There has been no basic change in the intent of the Legislature.

5. Basis of Apportionment or Allocation to School Districts: The Superintendent of Public Instruction shall allow to each school district or county superintendent of schools for the education of physically handicapped minors during the current fiscal year an amount as follows:

a. $17,260 (less local effort) for each special day class
b. $775 per A.D.A. for instruction of physically handicapped minors
c. in remedial physical education
c. $2,000 per A.D.A. for remedial instruction of physically handicapped minors in other than physical education
d. $910 per A.D.A. for special instruction of blind pupils
e. $1,300 per A.D.A. for other individual instruction of physically handicapped minors
f. $1,018 per A.D.A. for the instruction of physically handicapped minors in regular day classes
g. $462 per A.D.A. for transporting physically handicapped pupils

Additional funds are made available through Federal sources including Titles III, VI-B, VI-C, E.S.E.A., and P.L. 88-210, Vocational Education Act.

6. Total Funds Allocated within the State: (no special education transportation or adjustment allowances are included)

Year	Allocated
1968-69	$41,335,984
1969-70	$47,149,285

Appropriation = Allocation

Some districts or County Offices may want to supplement the $17,260 provided for each special day class (maximum class size equals 10) or the $1300 per A.D.A. for individual instruction with local funds. Typical costs of operating a special day class program are included in the following section

1.21 A BUDGET MODEL

The costs of operating a special day class program for drug dependent minors is shown on Page 1-144. These costs are based on the budgets for Sunshine School for the past two years and the proposed budget for next year (1972-73). This model budget includes the position of head teacher/ counselor, and plant rent which other programs may not choose or need to fund. This budget should be thought of as costs typical of a superior program.

TYPICAL PROGRAM COSTS

SPECIAL DAY CLASS - (1) HEAD TEACHER/COUNSELOR, (2) TEACHERS, (2) AIDES - 10 MONTH PROGRAM

Budget Category	Costs based on Past and Proposed 72-73 costs of Santa Cruz Progra
100 - Administration	2,520
Administrator Salary	1,100
Secretary Clerk Salary	900
Office Supplies	20
Photocopy	50
Postage	50
Other Support	400
200 - Instruction	50,600
Head Teacher/Counselor Salary	14,500
Teacher Salaries (2)	22,000
Aide Salaries (2)	11,800
Teacher Travel	400
Instructional Supplies	1,000
Substitutes and Overtime	400
In-service Training	500
500 - Transportation	3,940
Pupil Transportation	3,890
Field Trips	150
600 - Operation of Plant	750
Telephone	150
Utilities	600
700 - Maintenance of Plant	450
Equipment Repair	50
Maintenance Salaries	300
Replacement of Equipment	100
800 - Fixed Charges	8,300
Insurance	200
Plant Rent	3,000
Employee Benefits	3,100
1200 - Capital Outlay	600
Instructional Equipment	600
TOTAL COST	67,160
COST PER PUPIL (20 pupils)	3,358

TYPICAL PROGRAM COSTS

SPECIAL DAY CLASS - (1) HEAD TEACHER/COUNSELOR, (2) TEACHERS, (2) AIDES - 10 MONTH PROGRAM

Budget Category	Costs based on Past and Proposed 72-73 costs of Santa Cruz Program
100 - Administration	2,520
Administrator Salary	1,100
Secretary Clerk Salary	900
Office Supplies	20
Photocopy	50
Postage	50
Other Support	400
200 - Instruction	50,600
Head Teacher/Counselor Salary	14,500
Teacher Salaries (2)	22,000
Aide Salaries (2)	11,800
Teacher Travel	400
Instructional Supplies	1,000
Substitutes and Overtime	400
In-service Training	500
500 - Transportation	3,940
Pupil Transportation	3,890
Field Trips	150
600 - Operation of Plant	750
Telephone	150
Utilities	600
700 - Maintenance of Plant	450
Equipment Repair	50
Maintenance Salaries	300
Replacement of Equipment	100
800 - Fixed Charges	8,300
Insurance	200
Plant Rent	3,000
Employee Benefits	3,100
1200 - Capital Outlay	600
Instructional Equipment	600
TOTAL COST	67,160
COST PER PUPIL (20 pupils)	3,358

.22 A CASE HISTORY AND CHARACTERISTICS OF SUNSHINE STUDENTS

Included in this section is the case history of an actual Sunshine School student and a summary of the characteristics of 45 students who enrolled in Sunshine School from March of 1970 to June of 1972.

Case History

This case history is about "David", an alias for a Sunshine School student on whom the case history is based. Many of David's characteristics, behaviors, and his experiences in Sunshine School are typical of the Sunshine School students.

David heard about Sunshine while enrolled in a local high school where he was again having trouble. David was once a good student and popular with his classmates, and was even elected student body president in the sixth grade. But in the seventh grade his grades began to drop and he began to use drugs. In the ninth grade he was active in sports and was on the first string of the football team. He soon quit athletics. He said he had replaced "sports with doing speed, competing to be higher than someone else."

In the tenth grade David became interested in modifying his high school's dress code. He made two presentations to the school board, but his appeals were not approved. He then became disinterested in academic achievement of any sort and continued using a smorgasbord of drugs. David soon decided that he could not handle regular high school any more, and that he needed counseling help. Therefore, one afternoon he walked into a classroom at Sunshine School and asked to be enrolled. A staff member met with David and his parents shortly thereafter and explained the program. The interview summary included the following:

"David admits he has no value system. His family is important to him, yet he cannot accept their values; he sees their 'uptightness' and lack of communication." David's drug use prior to entry included the following drugs within the previous three years: alcohol (100 times), barbiturates (used 7-8 capsules a day for a three month period, including one overdose), cannabis (smoked marijuana almost every day), opium (40-50 times), cocaine (10-15 times), amphetamines (40-50 times, intravenously 15-20 times), psychedelics (100-200 times), and glue (40-50 times; he first used glue when he was 13). With this background there was probably little hesitation on his physician's part to classify him as drug dependent. The physician's letter stated the following:

> I have cared for David _____, a 16 year old drug dependent minor, who, because of his problems, has not been able to attend regular or continuation school programs. This patient is in good general physical health and is safe for being instructed by a home instructor of physically handicapped pupils. The patient has been a good student and surely would be capable of benefiting from individual instruction designed to promote the educational and health progress of this patient.

Having received the physician's statement and other required entry information, David's enrollment in the special day class program for drug dependent minors was approved by the ARD Committee on November 15, 1970.

The Sunshine School staff's first impression of David was that he was a shy, polite boy who had difficulty expressing himself and little ability to deal concretely. He seemed intelligent and interested in learning, but needed remedial instruction to improve his basic skills. He admitted continued drug involvement; he was staying away from hard drugs, but was still using psychedelics and marijuana. David was scheduled with his parents' approval for diagnostics at the Manresa Diagnostic and Counseling Center. Some results of the diagnostics are included below:

> PSYCHOLOGICAL EVALUATION
>
> Essentially David, from his testing, appears to be functioning within the above average range of intelligence... He appears to indicate no neurological

or perceptual problems at this time, however, he does indicate problems with dealing with his environment, specifically with a satisfactory construction of identity... Counseling recommended.

PSYCHIATRIC EVALUATION

He does not conform to usual picture of perfect mental health. He is not badly out of touch but subject to periods of confusion. Some abstruse, eccentric thinking, some poorly knit conceptual actions.

EDUCATIONAL EVALUATION

WRAT - Actual Grade placement 10.3; Reading G.P. 6.3; Spelling G.P. 4.3; Arithmetic G.P. 6.1.

SOCIAL SUMMARY

Frustrated, defensive parents who are asking for help yet are reluctant to take responsibility of real communication with their son... Family counseling recommended.

With the diagnostic information and recommendations and the staff's knowledge of the student, an educational, vocational, and counseling program was developed for David. David's instructional objectives included:

1. By June 1971, David will increase his ability to relate and react to the realistic environment as evidenced by voluntarily reading and discussing news items; by correctly, "in the judgement of the teachers", by correctly classifying newspaper editorials; by category 8 times out of 10; and by correctly identifying factual or opinion stories 8 times out of 10.

2. By June, 1971, David will complete two semesters work in Introduction to Algebra, being able to pass with a score of 75% or better comprehensive tests prepared by the teachers.

3. By June, 1971, David will demonstrate drug independence by exhibiting alertness and enthusiasm in all school activities and by completing assigned work to the satisfaction of the teaching staff for a period of one month.

Objectives were also written for courses in Western Civilization, Environmental Science, Art, and physical education.

A counseling program was established for David which included involvement in a private counseling facility. His parents also attended counseling sessions with the County Health Department. In a few months David had shown great progress. In January, his mother said she feels "David is happy; he's laughing now, which he seldom used to do". David became interested in getting a job and the teachers arranged for him to be involved with the State of California Department of Rehabilitation's Vocational Rehabilitation program. The Vocational Counselor found a job for David refinishing antique furniture. David worked a few hours after school and sometimes on Saturday. At his new job, David also volunteered to work at a community service agency, a local "Switchboard". He answered the telephone and helped callers by relating needed information.

At the end of the school year, the staff prepared a progress report, evaluating David's attainment of his objectives. This evaluation included:

1. In English, he has greatly clarified his spoken and written language. His communication is much more effective and he actively works on correcting his spelling. He recently has enjoyed playing word games. This should contribute further to his spelling abilities.

2. In algebra our objective for David was to cover all lessons in the text, including quadrated equations. Progress was slow at first and much remedial work was necessary. After one month of review, however, David showed a willingness and ability to grasp new concepts, apply them and retain the newly acquired knowledge.

3. While we do not consider David to be completely drug independent, he has made great progress in this area and no longer considers himself drug-oriented.

David continued working over the summer and returned to Sunshine School in the fall of 1971. His parents actively supported his involvement in Sunshine School during the previous school year and regularly attended parent's meetings. However, they were having problems with each other during this

time and were finally separated during the summer. David would stay with one parent for a period of time, and then with the other. He found this arrangement unsatisfactory, however, and instead rented a cabin in the mountains with a friend. He was creating his own stable home situation. His drug use was continued over the summer, but he became interested in a natural life style and began using drugs less and less.

David became a strong member of the Sunshine School family during the 1971-72 school year. A program was again established for David for the 1971-72 school term. In January, a progress report was prepared which included the following about his progress in English:

> David's oral communication has greatly improved over the last year. His language shows an organization of thought processes and a more logical sequencing of ideas. His reading and spelling scores have not improved significantly as measured by the Wide Range Achievement Test. He has, however, learned to spell 15-20 words which are important in his own written vocabulary. I feel that David has a disability in spelling which will require him to learn most words by the kinesthetic (tracing) method. This is a repetitive, time-consuming task. The books David is interested in reading are usually very difficult. If his interest in reading these books continues to grow, his reading ability could improve over a period of time. At this time David does not exhibit the "achievement" motives necessary to remediate some elementary deficiencies. I have a great deal of confidence in David and feel that he will eventually work out his own ways of dealing with the problems he feels in reading and spelling. I will continue to try to find ways to help him deal with these problems.

Objectives were written in January for David for the spring semester which included:

> In English, David will improve his spelling through practicing selected words from his own experiences. He will learn the appropriate form for a short formal letter to the teacher's satisfaction. David will also continue his growth in reading ability through student selected reading with the goal of scoring at the 9.6 grade level by June. David will produce his own book of poetry to his own satisfaction.

David continued his enrollment in Sunshine School through the spring semester. At the end of the school year, the staff and David decided that he no longer needed to remain in Sunshine School. He was drug independent and had completed course work. He had progressed two years in high school, his WRAT reading score had improved from 6.3 in November of 1970 to 9.3 in May of 1972, and his home and social situations were now stable. David got a job working in a local tannery, and will attend adult night school in the fall of 1972 and should graduate by December.

Characteristics of Sunshine School Students

A table of the characteristics of 46 Sunshine students at the time of enrollment starts on Page 1-151. These characteristics include: age, sex, grade level, WRAT scores, reading score below or above grade level, I.Q., their home and social situation and the drugs they most often used. This raw data is included rather than a statistical summary in order to more completely present the characteristics of individual students.

It can be seen from examining these figures that the Sunshine School students tended to: be below grade level in reading as measured by the WRAT, be of average I.Q., live in an unstable home environment, and have used a variety of drugs.

CHARACTERISTICS OF SUNSHINE SCHOOL STUDENTS

(At Time of Entry)

Date Enrolled	Age	Sex	Grade Level	WRAT Scores	Reading Skill Above or Below Grade Level	I.Q.	Home/Social Situation	Drugs Most Often Used
3/70	18	F	12	R= 9.3 S= 9.0 A= 4.9	-2.7	90	Was living in 24-hour drug program	
3/70	15	F	10			115	School Counselor felt her home situation was detrimental to her mental well being	
3/70	18	M	10	R=11.6 S= 7.8 A= 7.1	+1.6	101		
3/70	15	M	10	R=12.2 S= 8.7 A= 9.0	+2.2	120	Was adopted. Considerable family friction.	LSD marijuana alcohol
3/70	15	M	9	R= 6.6 S= 3.7 A= 4.4	-5.4		Lived with Mother who supported his school failures	marijuana LSD alcohol barbiturates
3/70	15	F	9	R= 8.3 S= 7.6 A= 5.5	- .7	99	Lived with mother (alcoholic) also lived with grandmother and friends	marijuana alcohol cocaine

CHARACTERISTICS OF SUNSHINE SCHOOL STUDENTS

(At Time of Entry)

Date Enrolled	Age	Sex	Grade Level	WRAT Scores	Reading Skill Above or Below Grade Level	I.Q.	Home/Social Situation	Drugs Most Often Used
3/70	14	F	8					
4/70	14	M	8			83	Lived in therapeutic community.	
4/70	16	M	8	R= 9.1 S= 4.9 A= 3.2	+1.1	96		heroin. barbiturate addiction marijuana LSD
9/70	18	M	12	R=13.8 S=12.4 A-12.8	+1.8		No father. Lived on his own.	marijuana LSD
10/70	15	M	9	R=10.8 S= 9.0 A= 7.1	+1.8	117	Lived in therapeutic community	P.C.P LSD alcohol
11/70	17	F	10	R=11.9	+1.9	114	Living with friend and her daughter.	heroin 4 mos everyday LSD marijuana

CHARACTERISTICS OF SUNSHINE SCHOOL STUDENTS

(At Time of Entry)

Date Enrolled	Age	Sex	Grade Level	WRAT Scores	Reading Skill Above or Below Grade Level	I.Q.	Home/Social Situation	Drugs Most Often Used
11/70	13	M	8	R=12.2 S= 8.4 A= 7.4	+4.2	101	Lived with natural father and step-mother	Light use. Expelled for selling.
12/70	17	M	11				Father died. Lives with mother. Brother drug user	LSD marijuana amphetamines
12/70	14	M	9	R=12.4 S= 6.1 A= 4.9	+3.4	91	Father away most of the time	Glue Marijuana
12/70	15	M	10	R= 6.3 S= 4.3 A= 6.1	-3.7	106	Parents divorced	LSD amphetamines
1/71	18	M	12	R= 7.7 S= 7.4 A= 6.3	-4.3	105	Father died. Lives with mother. Brother drug user.	Arrested for sale dangerous drugs. LSD Amphetamines

CHARACTERISTICS OF SUNSHINE SCHOOL STUDENTS

(At Time of Entry)

Date Enrolled	Age	Sex	Grade Level	WRAT Scores	Reading Skill Above or Below Grade Level	I.Q.	Home/Social Situation	Drugs Most Often Used
1/71	16	F	10	A= 7.9 S= 5.8	-2.1	93	Parents Separated	Marijuana LSD Amphetamines
1/71	17	F	10					
1/71	16	M	9	R=14.1 S= 9.9 A= 8.0	+5.1	105	Living at Drug Abuse Preventive Center	Heroin
2/71	13	M	8	R= 8.9 S= 6.8 A= 3.9	+ .9	120	Lives with mother and boy friend. Unstable home situation	Heavy marijuana
2/71	16	F	10	R= 7.5 S= 7.1 A= 8.9	-2.5	95	Parents divorced. Natural father homosexual	LSD heroin amphetamines
2/71	18	F	11			105	Father dying of cancer	LSD marijuana alcohol

CHARACTERISTICS OF SUNSHINE SCHOOL STUDENTS

(At Time of Entry)

Date Enrolled	Age	Sex	Grade Level	WRAT Scores	Reading Skill Above or Below Grade Level	I.Q.	Home/Social Situation	Drugs Most Often Used
2/71	16	M	10	R=12.2 S= 7.2 A= 7.1	+2.2	112	Parents divorced. Step-father beat him. Living in therapeutic community	glue marijuana
4/71	15	F	10	R= 6.8 S= 6.8	-3.2	92	Parents separated. Attempted suicide age 2 Lives with mother	Everything
4/71	15	M	8	R= 3.5 S= 3.0 A= 3.9	-4.5	88	Father unemployed. Disabled, back. Lives with parents. Unstable home.	
4/71	16	M	11			100	Parents domineering	LSD Marijuana amphetamines
5/71	15	M	11	R= 6.2 S= 3.3 A= 4.4	-2.8	101	Father in prison. Drug conviction.	Barbituate addict
9/71	14	F	9				Lived with mother	

CHARACTERISTICS OF SUNSHINE SCHOOL STUDENTS

(At Time of Entry)

Date Enrolled	Age	Sex	Grade Level	WRAT Scores	Reading Skill Above or Below Grade Level	I.Q.	Home/Social Situation	Drugs Most Often Used
9/71	16	F	9	R= 7.9 S= 7.0 A= 5.7	-1.1	101	Foster home	LSD marijuana amphetamines barbiturates
10/71	14½	M	8	R= 5.7 S= 4.7 A= 4.1	-2.3	100	Lives with father and and stepmother	alcohol marijuana
10/71	18	F	11	R=12.2 S= 8.4 A= 8.9	+1.2	103	Father construction worker in Vietnam. Lives with mother.	Heroin LSD
11/71	17	M	12	R= 8.7 S= 6.8 A= 8	-3.3		Lived on own in area. Parents in Los Angeles	LSD alcohol marijuana
11/71	18	M	10	R = 8.5 S = 5.5 A = 4.4	-1.5	95	Parents divorced, Father in prison on manslaughter charge.	alcohol marijuana
11/71	14	F	9					
12/71	18	M	12				Lives with friends, Parents in Los Angeles	barbiturate addict LSD alcohol

CHARACTERISTICS OF SUNSHINE SCHOOL STUDENTS

(At Time of Entry)

Date Enrolled	Age	Sex	Grade Level	WRAT Scores	Reading Skill Above or Below Grade Level	I.Q.	Home/Social Situation	Drugs Most Often Used
1/72	15	F	9			105	Parents divorced. Father alcoholic and compulsive gambler	alcohol
2/72	15	M	9	R=10.8 S= 6.8 A= 5.3	+1.8		Lives with parents. Stable home.	LSD marijuana
2/72	15	F	9	R= 7.7 S= 4.9 A= 6.1	-1.3		Foster home.	barbiturates
3/72	16	M	10	R= 7.9 S= 5.5 A= 9.0	-2.1		Parents separated. Father alcoholic Lived with mother.	cocaine barbiturates
3/72	15	F	9	R=11.9 S= 8.4 A= 6.7	-2.9		Parents separated. Lives with friends	LSD heroin marijuana
3/72	17	M	10	R= 8 S= 4 A= 3.4	-2	76	Neither parent completed high school. Brothers all delinquents	LSD marijuana alcohol

CHARACTERISTICS OF SUNSHINE SCHOOL STUDENTS

(At Time of Entry)

Date Enrolled	Age	Sex	Grade Level	WRAT Scores	Reading Skill Above or Below Grade Level	I.Q.	Home/Social Situation	Drugs Most Often Used
3/72	20	M	12	R = 8.9 S = 8.4 A = 6.9	-3.1		Lives in rest home	marijuana amphetamines
4/72	14	F	9	R = 8.9 S = 6.7 A = 3.4	-2.3		Father deceased. Lives with mother. Unstable home situation.	alcohol marijuana
5/72	14	F	9				Lives with grandmother	marijuana
5/72	15	F	9	R = 7.7 S = 6.1 A = 4.0	-1.3		Lives with mother	marijuana amphetamines

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